

Social Support in the Utilization of Antenatal Care Based On Customer Driven

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ABSTRACT:- Background: Pregnant women come to health care (provider) not only to get service, but they also come as they have needs and expectations, as well as to utilize antenatal care by health workers. Only 66% of pregnant women utilize antenatal care and the number declines during childbirth. Affecting factors include: poverty, socio-cultural and demographic, area of residence (urban and rural), age, parity, education, and economics, distance to provider, a mother is not entitled to make a decision, inadequate antenatal care's facilities, transportation, lack of family support that allows a woman to leave the house for maternal checkup. The objective of the study: to determine the effect of social support on the utilization of antenatal care based on customer driven in Balikpapan. The method of the study: The study is a survey research with cross sectional study. Sampling technique: Multistage random sampling. The samples were 210 women with babies aged 0-12 months. The analysis of the data used structural equation analysis namely Partial Least Square (PLS). Results: social support (support from friends, husband and social groups) is significantly correlated to the utilization of antenatal care (0.117). Conclusion: The need to build a good communication with family, friends and husband as the support is essential in antenatal care.

Keywords:- Support, utilization of antenatal care, customer driven.

I. INTRODUCTION

Public Service in Health has been supported by Law No. 36 of 2009 on Health. This law has set a range of issues related to health problems. Every person has an equal right to have optimal health (Article 4) and the government is responsible for improving the health of society (Article 17). Implementations of health measures undertaken among others include health care and reproductive health.

In providing services to the public or customers, government or service provider has to be oriented to customer (Customer Driven Services), where customer is the most important, in other words, customer's concerns is the priority, so that provider is more responsive to what customer wants in meeting customer's needs and desires.

Pregnant women as a customer come to health care (provider) be it Health Center, Hospital or Midwife not only to get service, but they also come as they have needs and expectations. Seven services to be provided for pregnant women as customer are: 1) information, 2) ease of access to services, 3) clarity of information, 4) a secure service, 5) appreciation and comfort and the opportunity to express idea, and 7) sustainable health care (EngenderHealth, 2001)

Only few pregnant women whose rights in health care are fulfilled. A mother often does not have the right to make a decision regarding antenatal care. Only 3.7% of pregnant women whose right in obtaining information is fulfilled, 25.9% of pregnant women feel secure in antenatal care and only 1.80% of pregnant women receives sustainable health care (Arifin, 2010)

Until today, the utilization of antenatal care by pregnant women is still low. In Indonesia, the utilization of antenatal care provided by health workers is only 66% and this number declines during childbirth since 46% of pregnant women who have their pregnancy examined by health workers do not give childbirth in a health facility (Central Bureau of Statistics and Macro International, 2008).

The low coverage of antenatal care is due to the presence of other health care facilities as competitor, so that people have a lot of choices in the use of health service, such as private medical clinics. Other reasons of moving to other health cares include cheaper services, finding other services, persuasion from competitors, unsatisfying services provided by previous provider, indifference of previous provider, as well as the lack of people's understanding regarding the value of health (Supriyanto & Wulandari, 2011)

However, many pregnant women do not have their pregnancy examined for various reasons. The average number of visits of pregnant women is less than 4 times during pregnancy. The low maternal visit can increase maternal mortality. (Abosse, Woldie, & Ololo, 2010) reports that mother's age, husband's attitude,

number of family members, maternal education, and morbidity are major predictors in the utilization of antenatal care.

Factors affecting the utilization of antenatal care include poverty, socio-cultural and demographic, area of residence (urban and rural), age, parity, education, and economics (WHO & UNICEF, 2003), distance to provider, distance to provider, a mother is not entitled to make a decision, inadequate antenatal care's facilities, transportation, lack of family support that allows a woman to leave the house for maternal checkup, the mother does not have time to have her pregnancy examined because she is taking care of young children (Titaley, Dibley, & Roberts, 2010).

The results of interview with ten three-trimester pregnant women show that six pregnant women have antenatal care for less than four times in which four pregnant women report that their family is willing to soothe them when they feel discomfort, has prepared baby gear and accompanies them to have antenatal care, and the other two report that their family is only willing to listen to their concerns and complaints during pregnancy. The results also show that four pregnant women have antenatal care for more than four times in which one of them reports that her family has prepared baby gear, listens to her concerns and complaints during pregnancy and accompanies her to have antenatal care, and the other three pregnant women report that they do not have the support from their family such as motivating them, taking them to have antenatal care, and their family only soothes them when they feel discomfort.

One strategy of Making Pregnancy Safer (MPS) is to encourage the empowerment of woman and the family. The expected output of the strategy is to establish the involvement of the family in promoting maternal health as well as increase the active role of the family during pregnancy and childbirth (Ministry of Health, 2007). Based on the above phenomenon, it is necessary to conduct a research on the correlation between social support and the utilization of antenatal care based on customer driven in Balikpapan.

The aim of this study is to determine the affect of social support on the utilization of antenatal care based on customer driven in Balikpapan.

II. RESEARCH METHOD

This study is a survey research with cross sectional study. Sampling technique performed in this study was Multistage Random Sampling. Samples were taken gradually and randomly, resulting in as many as 210 people as the samples. The research was conducted in Balikpapan, East Kalimantan. The population of the study were mothers with children aged 0-12 months (living or dead). Independent variable: support, dependent variable: antenatal care. Measuring tool: questionnaire. The analysis technique used was the structural equation Partial Least Square (PLS).

III. RESEARCH RESULTS

1. Characteristics of respondents

Table 1. Characteristics of the mother and the husband (Age of the mother, the education of the mother and the husband, occupation of the mother and the husband) in Balikpapan in 2013.

No.	Characteristics of Respondents	frequency (f)		%		
1	Age	High risk	37	17.6		
		Safe	173	82.4		
2	Education	High (Diploma 3, College)	Mother		Husband	
			f	%	f	%
		32	15.20	24	11.40	
		Medium (Senior High)	115	54.80	145	69.00
Low (Elementary, Junior High)	63	30.00	41	19.50		
3	Occupation	Employed	Mother		Husband	
			f	%	f	%
		48	22.90	201	95.70	
		Unemployed	162	77.10	9	4.30
Total		210	100.00	210	100.00	

Total of 82.4% of women are in the reproductive age group is between the ages of 20-35. 17.6% entered the category of high risk of reproductive age, the age group 1-19 years and 36-45 years of age. Education are predominantly public high school, both the mother and the husband, and the husband's education most respondents were in the lower-middle group of 178 people (84.8%), and the husband of 86.6%. most mothers do not work (77.10%) and the husband of respondents mostly work (95.7%).

A total of 82.4% of the mothers were in the reproductive age group which is between 20-35 years old. 17.6% were in the category of high risk of reproductive age, i.e. the group of 1-19 years old and 36-45 years old. Most respondents passed senior high school, either the mother or the husband, most of the respondents' education and husband were in the lower middle group as many as 178 people (84.8%), and the husband was as much as 86.6%. Most mothers were housewives (77.10%) and most of husbands of the respondents were employed (95.7%).

Table 2. Support (Support from Friends, Family, Social Group) Based on Customer Driven in Balikpapan in 2013

No.	Support	Frequency	%	
1	Friends	To Support	137	65.2
		Does not support	73	34.8
2	Family	To Support	210	100.0
3	Social	To Support	83	39.5
		Does not support	127	60.5
Total		210	100	

Support is indicated by 3 indicators, namely the support from friends, family, and social group for the mother during pregnancy. The study indicated that the support from the family is very high, reaching 100%. However, only 137 (65.2%) pregnant women were supported by their friends while the other 73 (34.80%) were not supported by their friends, as many as 127 (60.5%) pregnant women were not supported by their social group and only 83 (39.5%) of them were supported by their social group.

Table 3. Utilization of Antenatal Care and Childbirth Place based on Customer Driven in Balikpapan in 2013.

No.	Indicator	f	%		
1	Utilization of Antenatal Care	Age of pregnancy at the first maternal check up	Tm I	154	73.3
			Tm II	47	22.4
			Tm III	9	4.3
	Frequency of maternal check up	<4 times	22	10.5	
		4 times	28	13.3	
		> 4 times	160	76.2	
	Place of maternal check up	Private midwife	69	32.9	
		Health Centre	61	29.0	
		Hospital	47	22.4	
Doctor		33	15.7		

Antenatal care in this study includes age of pregnancy at the first maternal check up, number of maternal check up and the place of maternal check up and the results are: most mothers (73.3%) have their pregnancy examined in the first trimester of pregnancy. However, as many as 47 (22.4%) mothers have their pregnancy examined in the second trimester and as many as 9 (4.3%) in third trimester. The majority of the numbers of maternal check up is more than four times, only 10.5% of the samples have their pregnancy examined less than four times. All respondents choose health workers to have maternal check up.

IV. MULTIVARIATE ANALYSIS

The results of Inner Weight Test in the utilization of antenatal care show that social support (support from friends, family and social group) has positive and significant effect on the utilization of antenatal care. The results of the study show the path coefficient at 0.191 with t-statistic at 5.543 greater than the value of t-table at 1.96. Thus, social support (support from friends, family and social group) directly affects the utilization of antenatal care as much as 0.191 which means that the increase in the frequency of social support (support from friends, family and social group) leads to the increase in antenatal care as much as 19.1%. The remaining 80.9% of antenatal care is due to other factors outside of the variables in this study.

V. DISCUSSION

Characteristics of Respondents Age of respondents

Based on the results of data processing, most of the respondents are 20-35 years old. Pregnancy at this age have a lower risk of morbidity and mortality during pregnancy and childbirth compared to that of the group aged below 20 years or over 35 years (Benson, Ralph, & Benson, Ralph C, Pernoll, 2009). Women who are pregnant at a younger and older age have a greater risk.

In this study, 18.1% of respondents were in a high risk, those are mothers aged 17-19 years and 36-45 years. Mothers aged below 20 years are bio - psychosocially not mature enough to perform reproductive function that starts from pregnancy, childbirth, until the puerperium. Women below 20 years old have immature way of thinking and are still selfish.

Optimal reproductive age for a woman is between 20-35 years, below and over that age will increase the risk of pregnancy and childbirth. Pregnancy in women below 20 years old is a pregnancy that experiences health risks concerning early pregnancy and many mothers have limited knowledge or are less confident to access health care system resulted in limited antenatal care visits, which is crucial to the occurrence of complications, so this age group needs motivation for regular prenatal care.

Level of education

The level of education of most respondents is senior high school and below, both the mothers and the husbands, as many as 178 mothers (84.8%), and 86.6% husbands. Many high school-educated respondents might be influenced by the socio-economic factors of their parents. Their parents could only afford their education up to high school. Respondents who passed senior high are included in the group of secondary education. They are considered able to make decisions for antenatal visit and childbirth in Balikpapan.

(Slamet, 1999), states that the higher the level of education or knowledge of a person, the more he/she needs health care center as a place of treatment for himself and his family. Being highly educated, one's insight and knowledge grow increasingly and his awareness that health is so important for life increases so that he is motivated to make a visit to better health care centers.

Education affects types of occupation and income one receives. A person who has a higher education tends to concern health than those who have low education due to lack of access to information received. The higher one's education, the tendency to maintain health is also higher, (Schiffman, L., & Kanuk, 2007) in (Marullyta & Pudjiraharjo, 2013).

Employment status

The results show that 77.1% of the respondents are housewives. This may be due to 2 factors: a woman who is married and unemployed decides to be a housewife and a woman who has been employed before married decides not to work anymore after married and take care of her children.

(Simamora, 2004) states that economy is an activity to earn money in community to meet the needs, so that most of the respondents who are housewives with no income affect the selection of the antenatal and childbirth care. This is consistent with that expressed by (Notoatmodjo, 2003) that socioeconomic affects the level of a person's ability to meet his needs.

The effect of social support (support from friends, family and social group) on the Utilization of Antenatal Care.

Pregnancy is a transition from having not had child to having a child. Such moment causes physiological changes in pregnant women which normally emerge since early pregnancy and culminate during childbirth. Fragile condition due to the fear of death either of the mother or the baby will cause anxiety and this is the proper time to give advice or support.

Statistical test results show that support (support from family, friends, and social groups) significantly affect the utilization of antenatal care, meaning that social support greatly affects the mother to have maternal check up. This is in line with the research conducted by (Jirijwong, D, & Goldsworthy, 1999) that found that social support is an important determinant factor in utilizing antenatal care.

The high family support may be because it is the first pregnancy for the respondents. The first pregnancy may mobilize husband, mother, and mother-in-law to give support. This is consistent with the results of interviews conducted by Munthe, et al with 40 women, expecting their first child, aged between 23-35 years old. Most interviewees report that due to their first pregnancy, their relationship with husband, parents and in-laws are better (Munthe, Pasaribu, & Widyastuti., 2000).

Support from family (husband, in-laws, siblings) may result a more complete antenatal care visit. Thus, the mother will feel calm, comfortable, and safe and have a healthy pregnancy. This is in line with (Andriyani, 2009) who suggests that the level of support from family for pregnant women is high, and there is no correlation between social support from family and the frequency of antenatal visit.

Regarding the utilization of health services during pregnancy, the mother with high support from friends will utilize health care facilities such as privately midwives practicing, health center, hospital or specialist doctor. This is in line with the research conducted by Taylor who argues that support is directly related to health habit. Individuals with high level of support are more likely to adhere to medical rules and they tend to use health services (Taylor, Repetti, Seeman, & Al, 1997)

The more support obtained, the higher the utilization of antenatal care. Similarly, the lower the support obtained, the lower the utilization of antenatal care. The level of support correlates to the level of the utilization of antenatal care. The support given to pregnant women is a form of social support so that they can do a better adjustment during pregnancy.

Conclusion and Recommendations

Social support (friends, family and social group) have a significant effect on the utilization of antenatal care in Balikpapan. However, counseling for pregnant women concerning maternal care especially the frequency of maternal check up according to the standards recommended by the government, establishing communication with friends, family and social groups as well as socialization of "ALERT husband" and "ALERT Parents" through posters and leaflets by midwives and cadres suggesting husbands and parents to be Ready, to Accompany, to Take Care of, are still required.

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