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THE ASSOCIATION OF MOTHERS' PERCEPTION AND HEALTH STATUS ON SUSTAINABLE MATERNAL HEALTH UTILIZATION IN TLOGOWUNGU REGENCY OF PATI, INDONESIA

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ABSTRACT

Backgrounds: Indonesia is part of the contributing countries of maternal mortality (8800, 3%) (WHO, 2014). Indonesia cannot reach the Millennium Development Goal target by 2015 while the utilization of maternal health services in Tlogowungu is low compared to other regions. The objective of this research is tantamount the influence of mother's perception about self-health and health status toward sustainable utilization of maternal health services.

Method: Quantitative research type, cross sectional design, postpartum mothers in districts Tlogowungu Pati Regency as many as 140 people. Statistical analysis using logistic regression.

Results: Utilization of sustainable maternal health services by 15%. Respondents mostly used the services of pregnancy (K1 = 87.9%, K4 = 83.6%) and delivery of 99.3% but dropped out during the puerperium (16.4%).

Conclusion: There is a significant effect of perception on personal health and health status on the sustainable utilization of maternal health services. Dissemination of information on sustainable utilization of maternal health services needs to be improved as well as partnering with educational institutions in the improvement of sustainable services.

Keywords: Perception of Personal Health, Health Status, Sustainable Service

INTRODUCTION

World Health Organization (WHO) estimates maternal mortality in 2013 hit 289,000. Southeast Asia has made good progress in reducing maternal mortality by 57%. Ten countries noted in 58% of maternal deaths in the world in 2013 include Indonesia (8,800 or 3%). The WHO estimates MMR (Maternal Mortality Ratio) in Indonesia in 2013 to reach 190 per 100,000 live births, while Indonesia's target under Millennium Developments Goal's by 2015 was at 110 per 100,000 [1]. Efforts to decrease MMR through the Safe Motherhood Initiative, packaged effectively and covering broad objectives. Birth service only is possible as the best strategy for reducing maternal mortality, as well as pregnancy, postnatal, family planning and safe abortion services [2].

Continuity of service (continuum of care) is the service of the period of pregnancy, childbirth and childbirth. The gap in health care facilities are 36.8%, coverage of deliveries by health workers is high but inadequate, facilities and health personnel are inadequate [3].

Indonesia's government in 2012 launched the Expanding Maternal and Neonatal Survival (EMAS) program by improving the quality of emergency obstetric and newborn services, referral systems, and access to maternal health services, from pregnancy, maternity, childbirth and family planning services. The EMAS (GOLD in English) program was implemented in areas with a large number of maternal and neonatal deaths among Central Java contributing 52.6% of the total number of maternal deaths in Indonesia [4]. AKI in Central Java in 2014 is 126.5 per 100,000 live births [5]. Pati regency is one of the districts of concern because AKI contributor is ranked 4th Central Java. District Health Office (DKK) Pati data, Maternal Mortality Ratio in 2015 increased to 21 cases (95 / 100,000 live births). This mortality occurred in some areas, the highest of 2 incidents in the District Tlogowungu [6].

The utilization of maternal services in Holeta Ethiopia is closely linked to demographics, socio-economic and health-related factors [7]. Utilization of maternal services in Ghana is influenced by age, type of childbirth, education, ethnicity, economic status, region, residence and religion adopted [8]. Studies based on socioeconomic factors, demographics and health status, women who have health insurance have increased utilization of pregnancy, delivery and childbirth services. Maternal health insurance status plays an important role in sustainable utilization of maternal services [9].

Utilization of antenatal service at Margoyoso II Public Health Center and Gunungwungkal Pati Regency is influenced by various factors. Predisposing factors include parity, residence, education and frequency of media access. Factors required mother's perception about self-health and health status are realized in the utilization of antenatal service regularly since early pregnancy. The coverage of maternal health services in 2015, the lowest coverage of K1 and K4 in Tlogowungu Health Center was 80.8% and 79.3%. The coverage of delivery assistance by health personnel in Tlogowungu was 87.9% and maternal care coverage was 87.9%. The figure was below the national target and included the lowest ranking number four in Pati District [6]. The pregnancy coverage, delivery and childbirth services in districts Tlogowungu have not met the national target, and maternal mortality was still existed. This study analyzed the influence of mother's perception about self-health and health status to sustainable utilization of maternal health service in Tlogowungu Sub-district, Pati Regency.

METHODS

This survey was a quantitative research with cross sectional design. The sampling technique used was proportionate stratified random sampling. This study involved 140 mothers who used continuous health service during pregnancy and 6 weeks after childbirth in Tlogowungu Sub-district of Pati Regency. The respondents were taken equally from 15 villages of that sub-district. This district has been considered as site since we found a highly consistent maternal mortality rate in 2014 (287 per 100,000 live births) and 2015 (291 per 100,000 live births). The ratio has increased from the previous year and higher than the maternal mortality ratio in Pati Regency. The coverage of pregnancy services was reported to be lowest among other sub-districts while early detection efforts in the prevention of maternal deaths started from pregnancy services.

A questionnaire was employed to survey the mother perception about self-health and health status (independent variable) and the sustainable utilization of health services during pregnancy, childbirth and childbirth (dependent variable). Univariate analysis was tended to describe the dependent and independent variable, while bivariate analysis was employed to find the correlation between the two variables. The

contingency coefficient was used to scale the data category (ordinal). Moreover, using logistic regression, a multivariate analysis was tested to identify the influence of the independent variables on bound.

RESULT

The needs for sustainable utilization of maternal health services are based on perceptions to a condition and health status, diagnosed by doctors or midwives. Respondents mostly had complaints certainly during their pregnancy. The complaints include nausea in the morning and headache. Health status was mostly healthy and without risk. Some who have high risk of abnormalities and obstetric history and risk factors experienced are patients aged less than 20 years or more than 35 years. For those aged 20-35 years, they had given birth 2-3 times, secondary education and not working.

Table 1. Mothers' perceptions on personal health and health status in sustainable use of maternal health services

Categories	Frequency	%
Perception of pregnancy conditions		
Healthy	29	20.7
There is a complaint	111	79.3
Labor-related perceptions		
Healthy	101	72.1
There is a complaint	39	27.9
Perceptions of the puerperium		
Healthy	107	76.4
There is a complaint	33	23.6
Perceptions of maternal health		
Healthy	26	18.6
There is a complaint	114	81.4
Health status		
Without risk	78	55.7
Medium risk	22	15.7
High risk	40	28.6

The continuous utilization of maternal health services has been reviewed from pregnancy, delivery and childbirth services in the Table 1. Respondents mostly utilized both K1 pregnancy services (first contact with health personnel) and K4 (complete pregnancy checkup) and delivery services. Utilization of services mostly drop out during childbirth, so that the utilization of sustainable services is achieved only a small part.

Table 2. Utilization of Maternal Health Services

Service utilization	Pregnancy				labor		childbirth		Sustainable services	
	K1		K4		f	%	f	%	f	%
	f	%	f	%						
Yes	123	87.9	117	83.6	139	99.3	23	16.4	21	15
No	17	12.1	23	16.4	1	0.7	117	83.6	119	85

Orchestrating on Table 2, found that the continuity of service (continuum of care) including services from pregnancy, childbirth and childbirth is needed as an effort to reduce maternal death. Pregnancy checks are mostly done in the first month of pregnancy, soon after knowing she is pregnant. Labor is almost entirely done in health care facilities. Most of the selected places are in Public Health Center and are assisted by midwives as birth attendants. Postpartum examination is mostly done if there are complaints, such as difficulty and seam control where part of postpartum care done by midwife by visiting home.

Table 3. Analysis Perception of Personal Health and Health Status of Sustainable Service Utilization

Categories	Service utilization (%)		p value
	No	Sustainable	
Perception of Pregnancy Conditions			
Healthy	96.6	3.4	0.189
There is a complaint	94.4	16.7	
Labor-related Perceptions			
Healthy	89.1	10.9	0.134
There is a complaint	74.4	25.6	
Perceptions of the puerperium			
Healthy	88.8	11.2	0.206
There is a complaint	72.7	27.3	
Healthy status			
Without risk	83.3	16.7	0.578
Medium risk	95.5	4.5	
High risk	82.5	6.0	

Table 3 shows that respondents who feel the complaint, during pregnancy, childbirth and childbirth, tend to utilize maternal health services in a sustainable manner. Different patterns in respondents with health risk status are lower in sustainable utilization of health services. Health status is determined by the midwife or doctor based on data or condition of the client, such as age, parity, who do not always show symptoms or complaints.

Table 4. Multivariate analysis in sustainable utilization of maternal health services

Variable	p value	Magnitude of influence
Mother's perception of self-health	0.000	2.7%
Health Status	0.000	7%

The analysis showed that the mothers' health status and their perception to self-health had significant influence to continuously using maternal health services, at p value < 0.001 , as shown in Table 4.

DISCUSSION

The perception of self-health is a cognitive process to give meaning about the self welfare. Some respondents during pregnancy feel nausea in the morning, headaches and painful. Perceptions related to preparation and delivery process associated with complaints experienced during pregnancy and fetal position in the womb, while difficulty to urination was found related to the puerperium [11].

Conditions experienced by most respondents are common complaints that often occur during pregnancy and after childbirth. Complaints experienced, such as nausea and vomiting is a normal complaint that occurs due to the influence of pregnancy hormones. Such complaints are generally self-resolvable or can also aggravate or disrupt the condition and require special handling by health personnel. The results of perception studies during pregnancy are mostly felt for morning sickness, but findings on health status are only a small percentage of those with hyperemesis (excessive nausea).

The results are in accordance with Tuyisenge (2015) that most mothers are aware that they should utilize maternal health care facilities but sometimes the decision to seek health care facilities after experiencing conditions or complaints that require more attention to the complaints or concerns experienced related to the condition of pregnancy, childbirth and after childbirth [12].

The main factors driving the search for health services by Vidler, Ramadurg, et al. (2016) that is if you have signs of complications (perceived need). The results of the study most of the respondents care about the condition of pregnancy, at least four visits, and more often for high-risk pregnancies, but the same as with this research, the use of postpartum care done if there are complaints [13].

Utilization of maternal health services by Sudanese people who are not settled (nomadic), stronger driven by the needs of the perception of personal health and health status. Communities are able to afford the cost of services, but they are not strong enough than perceived health needs, based on beliefs, values and traditions that are important to the community structure [14]

CONCLUSION

Maternal perception factors about personal health and health status have a significant influence on continuous utilization of maternal health services in Tlogowungu sub-district. Continuous utilization of maternal health services in question is the utilization of services performed by mothers from pregnancy, labor and puerperium.

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