HOW HEALTH SERVICE? PERSPECTIVE OF MATERNAL IN EAST NUSA TENGGARA PROVINCE, INDONESIA

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ABSTRACT

The utilization of maternal health services in Indonesia is still low, especially in rural areas. This condition also occurs in the community in the work area of the Babulu Selatan Community Health Center in Malacca Regency. The community is still giving birth at home. This study will examine access to maternal health services from the perspective of the public as health care users who are less noticed. This study was designed in a descriptive qualitative manner, collecting data with in-depth interviews, Focus Group Discussion (FGD) and observations in the field. Research location in Malacca District in February-April 2019. The results illustrate the accessibility of maternal health services in general, the community believes that it is still lacking. Physical access is difficult to reach due to poor infrastructure and facilities. Also, social access is felt to be lacking because health providers are not friendly and careless, people believe in traditional birth attendants and cultural practices. The conclusion of this research, in general, is that the community still feels barriers to physical access and social access. For this reason, it is necessary to recommend the local government to improve physical access and health services to make efforts to increase public awareness to utilize maternal health services.

Keywords*: Community perspective, Access, Health services, Maternal.*

I. INTRODUCTION

The maternal mortality rate (MMR) is a major problem in Indonesia. Based on the results of the 2015 Intercensal Population Survey (SUPAS) that AKI again showed a decrease to 359 per 100,000 live births in 2012 to 305 per 100,000 live births in 2015[1]. However, this rate of decline is much slower than what is needed to meet the MDG's global goal of reducing the MMR to 102 per 100,000 live births in 2015. One of the provinces that have high maternal mortality cases in Indonesia is the East Nusa Tenggara (NTT) Province, which is as much as

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177 cases of maternal mortality in 2016 where this figure is still higher than the national target of 102 per 100,000 live births[2]

The direct cause of maternal death is medical factors and these medical factors are motivated by social factors and health behaviors including access or utilization of maternal health services[3,4] .Causes of MMR and Infant Mortality Rate (IMR) are still high in some regions of Indonesia are difficult to access to health services[5,6,7,8,9]

Maternal mortality in Indonesia is closely related to the place and birth attendant[1] and to reduce the risk of maternal death due to pregnancy is a delivery based on health facilities[10] All deliveries performed in health facilities are part of government policy to reduce MMR in Indonesia. However, childbirth based on health facilities is still below the target (82%) in 2018. Of the 34 provinces in Indonesia, there are still 14 provinces that have not reached the target, including NTT Province (57.8%)[11]. This shows that access to health services as the use of maternal health services is less than optimal.

The Indonesian government's strategy to increase the utilization of health services is to maximize health services that are equitable, affordable, quality, fair and evidence-based by not differentiating whether the community is capable or not. However, at present access to health facilities with the geographical conditions and conditions of Indonesia as well as diverse and difficult to reach characteristics, the number of inhabitants scattered and far apart, transportation facilities are very limited with expensive costs both land, river, sea, and air are problems in health services in Indonesia[12,13]

Health service access is a form of health service with various types of services that can be reached by the community[14]. The intended access includes geographical, economic and socio-cultural access. Geographical access is the ease of reaching health services as measured by distance, length of trip, type of transportation, road infrastructure. Economic access places more emphasis on the financial capacity of the community in reaching health services. While social access in this study is related to attitudes or problems of communication, culture, friendliness and service satisfaction[9]

Whereas midwifery services are an integral part of the health service system provided by midwives, carried out independently, collaboration, consultation, and referrals aimed at women's reproductive health throughout their life cycle including infants and children. Health service access ignores the perspectives of people who are health service users compared to the perspective of the provider as a health service provider. To improve the quality of health services from the access side requires a complete perspective from the two sides of the community and health providers[15]

Malacca Regency is one of the Regencies in NTT Province, also has a problem of access to health services that are quite complex. The results showed that geographical factors became one of the problems encountered in terms of access to health services from the perspective of the community as users[16]. The results of this study are important to do in improving the quality of maternal services and providing information for policymakers, to complete the picture of access in terms of supply of health services[15,17,5]

The study on the accessibility of maternal health services needs to be done at the community level so that it can provide an operational picture to be followed upon. In this study, the area used as a place of research is Malaka District, NTT Province. Even though the condition of the Malacca Regency cannot be specifically

represented, this method of analyzing the accessibility of maternal health services can be an illustration for NTT Province and other districts/cities in Indonesia. The utilization of maternal services can be a reflection of access to regional health services by default because the demands or needs of the service are universal. Maternal health services are a complete pregnancy check-up, comprehensive childbirth assistance, as stated in the Making Pregnancy Safer / MPS target[2]. This study tries to find community perspectives on access to maternal health services

II. MATERIALS AND METHODS

research is a qualitative descriptive study. Data collection methods used were in-depth interviews, FGDs and special observations for physical access. Data triangulation is carried out through three different data collection methods and informants for each subject matter. Data from FGD results and in-depth interviews were analyzed thematically. Information was extracted from 20 informants from community members, namely postpartum mothers, community and religious leaders, midwives, health cadres, birth attendants, Head of Family Health Section (Head of Section of Kesga). The study was conducted in the village of South Babulu, the working area of the Babulu Health Center, East Malaka District, Malaka Regency. Data collection process in February-April 2019.

Information on access to health services is presented based on the community's perspective on the accessibility of maternal health services. Community perspectives explored included: 1) availability of maternal health services, namely: health care facilities, human resources, and maternal service time: 2) Physical access to reach health facilities including pre-road conditions and availability of transportation equipment; 3) Economic access consisting of labor and transportation costs and ownership of health insurance, 4) Social access consisting of complete information from officers, staff friendliness, service satisfaction, and public trust in health workers[9,13]

III. RESULT

Desa Babulu Selatan is a village that has a hilly and mountainous topography. Based on the distribution of population and housing in the majority of villages, the location is far from the polindes and Public health center. Desa Babulu Selatan consists of four hamlets (Rakfau, Helibauk, Raimetan, Tualaran) which have poor road access. The farthest distance from the village to the main Public health center is approximately 20-25 kilo meters. Residents who live in villages and villages have very poor, steep and rocky road access to reach polindes and Public health center. Although there are several villages along and alongside the road, the road conditions are damaged and steep. The majority of the people living in South Babulu Village are farmers.

1. **Availability of Health Services The**

Availability of health service facilities in Desa Babulu Selatan is one polindes unit in Helibauk Hamlet and one midwife is available. Meanwhile, the village midwife, besides serving in the polindes, also doubles the office in turn in the delivery room of the Public health center in Babulu Village. Interview and FGD results:

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"*... there is also a midwife handling two villages, and alternating in the delivery office in the delivery room of the Public health center ...* (MFB, 36 years old, Head of Section of Kesga)

"*... if the village midwife works at the Public health center, we cannot seek treatment at the polindes."* (MB, 40 years old).

2. **Physical Access**

Road conditions to polindes and Public health center are quite difficult when using maternity pick-up vehicles:

"*... the road is bad, we carry the stretcher to the ambulance (GN. 45 years) ... the ambulance only reaches the end of the hardening road ...*" (AG, 62 years old, public figure)

"*... the road is far, climbing, continues to decline sharply, rocky and easily separated ..."* (PN, 64 years old, former village head)

"*... this village, the road is pretty good*. (RK, 35 years old).

"*... if you have been born at home ... if you are pregnant again, you will be born again at home, except if it is difficult for a child to be born or to go to the health center ..."* (RN, 68 years).

3. **Economic Access Economic**

community access to use maternal health services is not problematic, but people still complain about the costs of treatment and other needs while they are hospitalized. Following the statement of the community:

"*... indeed the mother was picked up between the free ambulance. (YKD, 29 years old) ... the mother gives birth, please the midwife does not pay ". (YKD, 29 years old). ... but we have to prepare money for family members/guard maternity to buy food, drink or other needs* "(MB, 47 years).

"*... sometimes, buy drugs at the pharmacy because they are not available at the hospital" (Mama YB, 41 years old, health cadre gave birth by cesarean section).*

4. **Social Access**

In terms of socio-cultural aspects, people still feel psychological barriers when interacting with maternal service providers because of uncaring attitudes, birth habits and local cultural practices related to childbirth care. This reason is hampering access to maternal health services. The following are the results of the interview and FGD as follows:

"... because the midwife is not in the polindes, we delivered her to deliver at a fairly remote Public health center ... the midwife has activities in the district ..." (ME, 59 community leaders).

"Telephone cadre mother is a midwife but her cellphone is dead" (FDS, 40 years old)

"... yes, still using a dukun mama, because it is usual to give birth to a dukun mama help ... "(AM, 62 years old, community figure) ... still use a traditional herb because it is good for smooth delivery" (YB, 48 years old, health care)

The informant thinks that it is necessary to increase the number of midwives to avoid concurrent work in the polindes and Public health center.

"... add one more midwife, so there is one office there (Public health center), we are still seeking treatment with one midwife mother ..." (MMA, 29 years).

Other information is that it is difficult for the community to contact the midwife when there is a delivery:

"... I have already gone to the polindes but because the midwife is not available, then my family is being delivered to the birth center ..." (BB, 30 years).

"... I called to pick up the mother by ambulance but my cellphone was dead (EM, 39 years old, health cadre) ... sometimes it can be contacted but the mother was born before the midwife arrived" (WN, 50 years).

The opinion of the public is also that there are still health providers providing services in an unfriendly manner, following the FGD results:

"... yes, the good ones are many" (RN, 26 years), ... but some are bitchy, ignorant ... ". (KB, 20 years old)

"... it's roughly ... if the mother is not strong enough to straining ..." (MN, 60 years).

More often they try to give birth at home for fear of medical treatment (episiotomy, heating, and sectio Cesarea), following the results of the FGD:

"... secretly giving birth at home because it is a habit and does not want to go to the health center ... afraid of being cut (episiotomy) ... "(KB, 58 years old) .... most afraid of being operated on (sectio Cesarea .." (EM, 39 years old, health cadre).

IV. DISCUSSION

Reviewing and understanding access to maternal health services from the community can provide information for policymakers in the health sector planning agenda, identifying and supporting priorities in terms of financing for improvement[15]. Another research suggested that in the stewardship of the system to achieve a high-quality system based on evidence and equity values is very important public participation[18].

Fiscal and economic conditions are an obstacle to access to maternal health services in terms of service availability. Globally, midwife placement is uneven, especially in remote and rural areas. As a result of this, midwives have concurrent duties in addition to being responsible at the Polindes, as well as service shifts in Public health center maternity rooms. The results of research in Buton District that the policy on the placement of health workers have not been able to overcome the shortage of personnel in the health center[19] .Poor countries suffer from massive emigration and although in rich regions there is also a shortage of health workers for remote and rural areas[20] . The results of research by some researchers in the health service system in several countries, in addition to variations in the status of rural-urban areas, affect access to health care facilities[21,22,23].

Geographical conditions are physical factors that influence the level of expenditure of families access to health services. Research in India shows that diverse geographical conditions affect the level of family expenditure for access to health services[23,24] .The results of these studies reinforce that physical, both geographically, regional conditions as well as distance and service availability factors, contribute to community access to maternal health services.

Physical distance is also a problem for people who live far from health facilities, therefore, home delivery is preferred. A study suggests the same thing as poor transportation networks, long distances to health facilities, inadequate health care professionals are a limiting factor for rural women in accessing health services[25,26].

Indonesian government policies related to fee exemptions that have been applied so far have not been fully effective in eliminating financial problems related to the use of maternal health services. Public acknowledgment that maternity women buy some medicines at the pharmacy when there is a cesarea section at a referral hospital. The same study results that maternity mothers and families pay for medicines and other supplies during labor, despite a fee waiver policy[27]

The poor condition of the community, when suffering from illness and having to utilize health services can worsen their lives. The case study conducted that the economic crisis is a factor inhibiting access to health services[28]. Other research also found that women with low socioeconomic status had a lower chance of giving birth in a health facility[29]. The impact of the condition of the community will worsen complications or illness and the need for higher costs of childbirth care.

Factors that encourage community access to maternal health services are positive attitudes that are owned by both the community and health providers as well as the severity of the disease owned by maternal mothers. The same study that women who have life-threatening conditions more than twice as likely to seek treatment from a doctor or nurse. Research in Malawi that people are willing to pay 1.8 and 2.4 times more for one factor is the positive attitude of health workers[30].

Labor habits at home, the local culture of childbirth care and fear of medical measures such as episiotomy and cesarean section create an environment that encourages people to choose home for labor. Cultural background influences the beliefs, norms, and values related to birth, use of services, women's status and social culture and mental health like stress experience of family is one of the causes of maternity mothers being late in accessing maternal services which results in maternal death[31,32,47,48,49] .Cultural and spiritual factors include regard labor as a natural process that should occur at home, belief in traditional TBAs, traditional practices during and after childbirth, stres reaction in family experience give some influence behaviour [33,34,38,39,50]. These findings provide information that there is a reciprocal relationship between access factors and the quality of maternal health services, and are influenced not only from the perspective of the health provider but also from the community aspect.

Several issues related to social and cultural aspects have been proven to contribute to the public access to health services, so special training on cultural competencies is needed for health workers to reduce barriers caused by them[35,36,37,40,41] .Special attention is needed from the Ministry of Health together with local

governments to overcome this problem. Like what was stated that all problems can be overcome with many alternatives if there is political will[20,42,43,44,45]

V. CONCLUSION

Based on the results of the study it can be concluded that the community's perspective on the physical aspects is still difficult to reach because the road to health facilities is difficult. There are no economic aspects due to the availability of the health service waiver program. Little financial constraints when mothers have to buy drugs using their own money because some medicines are not available in the hospital, and the cost of living constraints for family members who accompany the mother during childbirth care.

The social aspect is also still difficult because the service providers are not friendly, midwives do the same basic tasks and are afraid of medical actions such as episiotomy, heating, and surgery, besides the community believes in the ability of traditional birth attendants and the culture of childbirth care.

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