WOMEN'S AUTONOMY AND EXTENT OF UTILIZATION OF MATERNAL AND CHILD HEALTH CARE IN PUSKESMAS KONGBENG, INDONESIA

MARIA FLORIANA PING
Master of Science in Nursing
Major in Women's Health

ABSTRACT

The descriptive-correlational research sought to assess the relationship between the extent of women's autonomy and maternal and child health-care utilization in Puskesmas Kongbeng, Indonesia. The participants were the 210 mothers; 30 mothers from each village. Modified questionnaire patterned from Indonesia Demographic Health Survey (IDHS, 2012) was employed for instrument. Using frequency count and percentage, mean, and chi-square for data analysis results unveiled that women in Puskesmas Kongbeng area have an active role in decision making about theirs and family's healthcare, economy household, food, and about having a child. The differences in the extent of autonomy in decision making have been affected by the number of living children. Age and work status of women have affected the extent of autonomy among women in Puskesmas Kongbeng in freedom of movement, which means that Indonesian government programs for women empowerment have been achieved. However, Indonesia is a Patriarchal country which means that most of the Indonesian women show respect to their husbands as leaders in the household. They can go out to other places on their own, but they respect the decision of their husbands before leaving. The differences in age, ethnicity, number of living children and educational attainment affect the utilization of antenatal care services. The differences in age, ethnicity, gross monthly income and number of living children affect the utilization of intrapartum/childbirth services. Lastly, the differences in age, religion, ethnicity, gross monthly income, the number of living children and educational attainment affect the extent of child health care utilization. The extent of women's autonomy is a significant contributory factor on their extent of utilization of maternal and child health care services in Puskesmas Kongbeng.

Keywords: *Women's autonomy, maternal care, child health care, neonatal care, maternal mortality*

INTRODUCTION

Millennium Development Goals (MDGs) were established in 2000 as an ambitious set of International goals for development or improvements during the first 15 years of the new century. The MDGs consist of eight goals backed up by 18 targets, and beneath that is a set of indicators to measure the objectives. The goals are quantitative, global and time bound. The MDGs goals are: 1) Eradicate extreme poverty and hunger, 2) Achieve universal primary education, 3) Promote gender equality and empower women, 4) Reduce child mortality, 5) Improve maternal health, 6) Combat HIV/AIDS, malaria and other diseases, 7) Ensure environmental sustainability, and 8) Develop a global partnership for development. The aim was to achieve all the MDGs by 2015, taking 1990 levels as the baseline for progress. Three of the goals are specifically related to health (goals 4, 5 and 6). In Indonesia, there was a recorded increase in maternal deaths of 228 people in 2008 to 359 in 2012, whereas Indonesia has a target to reduce maternal mortality to 102 people in 2015 (Indonesia Demographic Health Survey, 2012). Five causes of maternal mortality are hemorrhage, hypertension, infections, obstructed labor/jammed and abortion. Indonesia's maternal mortality is still dominated by three main causes of death, namely: hemorrhage, hypertension in pregnancy, and infection. High rates of maternal, neonatal, and child mortality are associated with inadequate and poor-quality reproductive healthcare, including family planning, antenatal care, skilled attendance at birth, and postnatal care. Hence, achieving the MDG goal on maternal health requires providing high-quality pregnancy and delivery care, including essential obstetric care, and improving women's sexual and reproductive health (World Health Organization, 2011). Researches have been conducted regarding the factors contributing to low utilization of health care services, and most of them are found to be focused on provision and geographic accessibility of services. But very few studies concentrate on women's autonomy and the use of maternal health care services (Furuta and Salway, 2006). Thus, this study aimed at determining the relationship of women's autonomy on the mother and child health care utilization with an attempt to discover the extent of women's autonomy and its relationship to the degree of maternal health care utilization.

Conceptual Framework

This study aimed at examining the relationship between women's autonomy and mother and child health care services utilization among people in Puskesmas Kongbeng, East Kalimantan, Indonesia. The independent variable and dependent variable model including its intervening factors was utilized as the framework of the study. Further, the intervening factors may affect the variable entries.

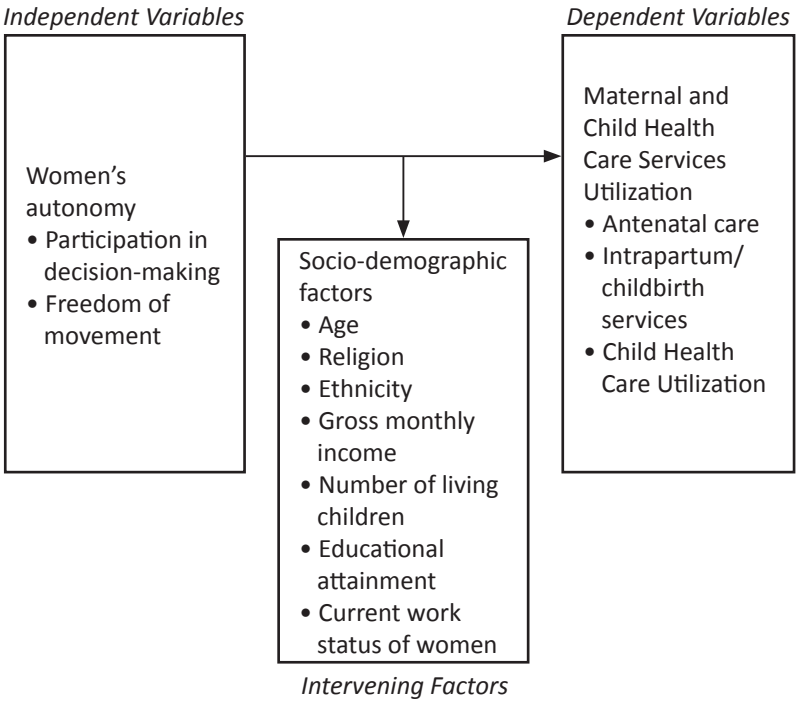

Figure 1. The Conceptual Framework of the Study

Variables of women's autonomy, which include participation in decision making and freedom of movement to seek healthcare are seen as proximate determinants for the utilization of maternal and child health care services, which include antenatal care, intrapartum/childbirth services and child health care services (immunization, weighing and provision of vitamin A). Moreover, such indicators as women's age, religion, ethnicity,

gross monthly income, number of living children, educational attainment, and current work status of women may also influence the utilization of maternal and child health care services, although not as directly as women's autonomy.

Statement of the Problem

The study sought to examine the relationship between the extent of women's autonomy and maternal and child health care utilization.

Specifically, the study attempted to answer the following questions:

1. What is the profile of the participants regarding age, religion, ethnicity, gross monthly income, number of living children, educational attainment and current work status of women?

2. What is the extent of women's autonomy of the participants regarding participation in decision making and freedom of movement?

3. What is the extent of maternal and child health care utilization of the participants in terms of antenatal care, intrapartum/childbirth services; and child health care utilization?

4. Is there a significant difference in the women's autonomy in decision making and freedom of movement when participants are grouped according to profile variables?

5. Is there a significant difference in the extent of utilization of the members of the maternal and child care services (MNCH) when grouped according to profile variables?

6. Is there a significant relationship between the extent of women's autonomy and the extent of use of MNCH health services?

METHODOLOGY

Research Design

The descriptive correlational survey method was used in this study to explore whether the extent of women's autonomy in decision-making and freedom of movement and the degree of utilization of antenatal care services during pregnancy, intrapartum/childbirth services, and child health care services.

Participants of the Study

The participants who were involved in this study were 210 mothers; from each village, 30 mothers were taken as representatives decided using purposive sampling technique with the following criteria: legally married women who live in Puskesmas Kongbeng working area, aged 15-49, and had given birth to her youngest child in the past five years.

Instrumentation

The researcher used the modified questionnaire patterned from Indonesia Demographic Health Survey (IDHS, 2012). The questionnaires contained the following: Part 1 includes questions about the profile of the participants; Part 2 includes questions about the extent of women's autonomy in participation in decision making and freedom of movement; Part 3 includes the questions about the extent of maternal and child health care utilization such as: antenatal care services, childbirth/intrapartum and child health care services.

Data Gathering Procedure

The researcher requested permission from the Dean of the graduate school of St. Paul university Philippines to conduct the study. Then the researcher submitted the same to Head of Kongbeng districts. The head gave a letter permitting the conduct of the study and the researcher submitted the letter to the head of Puskesmas Kongbeng. The head accepted and appreciated the researcher to do the study together with Posyandu activities in 7 villages.

The researcher prepared questionnaires to be used for data collection. The researcher explained the purpose of the study and explained that data collected will be kept confidential, requested the participants to approve and sign an informed consent; explained the contents of the questionnaire and assisted participants in filling out the questionnaires.

The researcher collected all the filled out questionnaires, coded and analyzed the data with the use of Microsoft Excel and SPSS program. Lastly, the quantitative collated data were classified and tabulated.

Statistical Treatment

The researcher used frequency count and percentage distribution to determine the profile of the participants.

The weighted mean is used to ascertain the extent of the participants' autonomy and the extent of maternal and child health care (MNCH) utilization of the participants. The obtained means were interpreted using the 5 point likert scale.

The researcher used Chi-square test to determine if there is a significant difference in the extent of utilization of the participants on MNCH services when grouped according to profile variables. Further, Chi- square test was also used to determine the relationship between the extent of women's autonomy and the extent of utilization of MNCH services.

RESULTS AND DISCUSSION

On the profile of the participants

Majority or 89.5% of the participants' age ranged from 20-39 years old. Among religion, Moslem has the highest percentage of 68.6%. In terms of ethnicity, Javanese got the highest percentage of 56.2%. Most or 40.0% of the participants have monthly gross income below Rp 1,500,000.00. Majority or 76.2% of the participants' living children are 1-2. On participants' educational attainment, 35.2% were primary schools. Majority or 79.0% of the participants' work status is unemployed.

On the extent of women's autonomy

The participants have "great participation" in decision making on what to do if a child feels sick (4.01). Since, majority of the participants are unemployed, they are spending almost all of their time with their children at home where they are the ones who are making decisions about what to do if their children feel sick. The lowest mean among the participants' participation in decision making is decision about having another child (2.87), for having another child a family should have many preparations which is also supported by their economic condition level. Therefore, decision about having a child should be discussed by both wife and husband. Generally, the participants have great participation in decision making with an overall mean of 3.41. This result is supported by the study conducted by Acharya (2010) that urban residence does not significantly predict women's decision-making autonomy. Many factors affect the ability of women to take part in the decision making process in the household. Some of these factors relate to the type of decision that is taken and some to the background of the women.

The participants have "great extent" of autonomy in freedom of movement on item "I am allowed to go to just outside my house on my own" (3.70). Most of the mothers' reason to go just outside the house are to clean the environment of their houses or to buy vegetable or household needs like food or other prime consumable commodities. The lowest mean of autonomy in freedom of movement is the item "I am allowed to go to the neighborhood for recreation on my own" (2.70). This is because of women's habit that when they are meeting with their friend, they have tendency to forget about time. Women may tell their husbands before leaving the house to avoid misunderstanding between them. Generally, the participants have moderate autonomy in freedom of movement with an overall mean of 3.17. The same with the research's result of Gunasekaran (2010) who wrote that the autonomy of women on freedom of movement is measured by mean autonomy score attained by women on various indicators of freedom of movement which are education, religion, standard of living, community, type of family, and autonomy of decision making. Overall, the result shows that rural women have substantially more autonomy on freedom of movement than their urban counterparts.

On the extent of maternal and child health care utilization

The participants have "great extent of utilization" in antenatal care with an overall mean of 3.49. For the achievement of the MDGs by 2015, Minister of Health of the Republic of Indonesia requires the presence of midwives and nurses in every Community Health Center (PUSKESMAS) which can be found in every village in remote areas. The task of nurses and midwives are to ensure the community, especially the pregnant women, the ease in antenatal care (RENSTRA, 2015).

The participants have "great extent of utilization" in intrapartum/ childbirth services with an overall mean of 3.68. The minister of Health of the Republic of Indonesia requires the presence of midwives and nurses in every village (PUSTU) especially in remote areas. The task of nurses and midwives in each village is to ensure that pregnant women will give birth in health centers and assisted by professionally trained staff (RENSTRA, 2015). The Government of Indonesia, through the Ministry of Health, (2013), continues the Safe Motherhood program, which began in 1990 where one of the programs is a partnership between midwives and shamans in an attempt of Making Pregnancy Safer (MPS).

The participants have "great utilization" of child health care services with an overall mean of 3.84. In 1984, the Indonesian government has made the program Integrated Health Service Post (POSYANDU) with descriptions of activities like Maternal and Child Health, Family Planning, Immunization, Nutrition and Prevention of Diarrhea. POSYANDU is held once a month. POSYANDU activities include registration, weighing, filling KMS, counseling, and health services (antenatal care, immunization for the mother and baby, and Vitamin A) (Ministry of Health Indonesia, 2011).

On significant difference on women's autonomy when grouped according to profile variables

Chi-square test results revealed that, there is no significant difference on women's autonomy to participation in decision making on maternal and child care when grouped according to profile.

Chi-square test results showed that, there is no significant difference

on women's autonomy in freedom of movement when grouped according to religion, ethnicity, gross monthly income, number of living children and education attainment while there is significant difference on the women's autonomy in freedom of movement when grouped according to age and work status.

On significant difference of maternal and child health care utilization when grouped according to profile variables

Chi-square test results revealed that, there is no significant difference in the use of antenatal care services when the participants are grouped according to religion, gross monthly income, and work status while there is a significant difference in the utilization of antenatal care services exist when they are grouped according to age, ethnicity, number of living children, and education attainment.

Chi-square test results revealed that, there is no significant difference in the utilization of intrapartum/childbirth services when the participants are grouped according to religion, educational attainment and work status while a significant difference in utilization of intrapartum/childbirth services exist when they are grouped according to gross monthly income and the number of living children.

Chi-square test results revealed that, there is no significant difference in the utilization of child health care services when they are grouped according to work status while a significant difference in the utilization of child health care services when grouped according to age, religion, ethnicity, monthly gross income, a number of living children, and education.

On significant relationship between the extent of women's autonomy and the extent of utilization of MNCH health services

Chi-square test results revealed that, there is a significant relationship between the extent of women's autonomy and in the extent of utilization of maternal and child health care services.

CONCLUSION

Women in Puskesmas Kongbeng area have an active role in decision making about their health and family's healthcare, economy household, food, and about having a child. The differences on the extent of autonomy in decision making have been affected by the number of living children. They also can go out to other places on their own, but they need to ask permission from their husbands before leaving the house. Age and work status of women have affected the extent of autonomy among women in Puskesmas Kongbeng in freedom of movement which means that Indonesian government programs for women empowerment have been achieved. However, Indonesia is a Patriarchal country which means that most of the Indonesian women show respect to their husband as a leader in the household.

Women in Puskesmas Kongbeng Area have utilized antenatal care services during pregnancy, but they were facing difficulties for laboratory tests since the equipment were prepared by central Puskesmas, which is located in the capital district area, far from other villages. They also come to seek health professionals during childbirth period and use a health facility as a place for giving birth. They also always bring their child to Posyandu to get complete immunizations, vitamin A, and to make sure that their child's weight is always on the green line in the health card. Increasing mother's knowledge about health and programs of government such as the presence of health professional in every village helps mothers to utilize health care services for their family.

The differences in age, ethnicity, number of living children and educational attainment affect the utilization of antenatal care services. The differences in age, ethnicity, gross monthly income and number of living children affect the utilization of intrapartum/childbirth services. Lastly, the differences in age, religion, ethnicity, gross monthly income, the number of living children and educational attainment affect the extent of child health care utilization. The extent of women's autonomy is a significant contributory factor on their extent of utilization of maternal and child health care services in Puskesmas Kongbeng.

RECOMMENDATIONS

Based on the findings and conclusion of the study, the following recommendations are offered:

The government may maintain the women empowerment programs like women mover and family welfare empowerment (PKK) program, may provide financial assistance as a reward if one of the PKK teams succeeded in implementing an activity that is beneficial to women's situation in the village. Since laboratory for diagnosis in rural areas can be found only in main Puskesmas (usually one district has 1 of main Puskesmas), the government, through Public Health Facilities (Puskesmas), may also ensure that the laboratory equipment is not only available but also maintained and used.

Since women in Puskesmas Kongbeng have great extent in participation in decision making, also of freedom of movement, the researcher recommends that nurses may strengthen the knowledge of mothers or would-be mothers about the importance of preparation/ planning, delivery (birth preparedness) and preparedness in cases of emergency obstetrics (emergency readiness) (P4K), especially the knowledge about danger signs of pregnancy through health education activities. Knowledgeable mothers help them in taking good decisions for themselves also for deciding the right place where they can go to find help in case of health problems. Delay in recognizing the danger sign of pregnancy is a contributory factor in the increase of the maternal mortality. Nurses may also encourage the pregnant mothers to have their laboratory tests regularly.

The family may increase their knowledge about pregnancy, so that both wife and husband may be more sensitive and be aware of the danger signs of pregnancy. The family may also go to laboratory clinic or to main Puskesmas which has laboratory equipment to do laboratory tests that are necessary for pregnancy. The laboratory test results may help health professionals and family members to determine danger signs of pregnancy.

References

Acharya, B., Simkhada, T., & Regmi (2010). *Women's autonomy in household decision-making: a demographic study in Nepal*. Retrieved from the BioMed Central website http://www.reproductive-health-journal.com/content/7/1/15.

Furuta, M., & Salway, S. (2006). *Women's Position within the Household as a Determinant of Maternal Health Care Use in Nepal*. International Family Planning Perspective 32(1): 17-27.

Indonesian Demographic Health Survey (2012).

Minister of Health of Indonesia (2013). *Actions plan to decreasing maternal mortality in Indonesia*. http://www.gizikia.depkes.go.id/wpcontent/uploads/downloads/2013/12/RAN-PP-AKI-2013-2015.pdf Retrieved by April 06, 2015.

Ministry of Health Republic of Indonesia: East Kalimantan Health Profile. (2013). Retrieved from website http://kesehatan.kaltimprov.go.id.

RENSTRA, 2015.

World Health Organization. (2011). *Accountability for Women's and Children's Health*. Retrieved from World Health Organization website http://www.who.int/woman_child_accountability/progress_information/recommendation2/en/ retrieved Desember 12, 2015.