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# Utilization of Mother and Child Health Services in Bajo Transport in the Coastal Area of Hakakutobu Village, Pomalaa District

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## Abstract

One of the causes of the still high maternal mortality rate (MMR) and infant mortality rate (IMR) is due to the low utilization of antenatal care (ANC) services, especially by people in remote areas. The low utilization of ANC can be influenced by many factors. This study aims to obtain in-depth information related to the utilization of maternal and child health services in the Bajo tribe in the coastal area of Hakakutobu Village, Pomalaa District in terms of economic aspects, family support and community beliefs. This research is a qualitative research with ethnographic approach. Data obtained through observation and in-depth interviews. Informants in this study were 15 people. Data analysis through three channels, namely data reduction, data presentation, and drawing conclusions. The results show that the low utilization of ANC services is due to the economic limitations of the community so that they find it difficult to access ANC service facilities. Lack of support from her husband's main family also makes mothers not motivated to take advantage of ANC services. The high level of community trust in traditional birth attendants as pregnancy examiners and birth attendants is due to their high confidence in the ability of traditional healers during hereditary and cultural influences related to rituals they must undergo during pregnancy and childbirth.

**Keywords:** Antenatal care, economy, family support, belief, Bajo.

## Introduction

Maternal and child health is an indicator of a country's health status. Based on the World Health Statistics 2017 Monitoring Health for the SDGs by WHO, around 830 women die every day worldwide due to complications of pregnancy and childbirth in 2015. The SDG target is to reduce the global maternal Mortality Rate (MMR) from 216 per 100,000 births life in 2015 to be less than 70 per 100,000 live births in 2030<sup>1</sup>.

Indonesia's Health Profile in 2017 shows that the percentage of maternity mothers assisted by health workers in the health care facilities of Southeast Sulawesi Province is only 60.35%, relatively low compared to other provinces in Indonesia. Pomalaa District maternal mortality rate is 3% and infant mortality rate is 5%. For the achievement of K1 of 80.9%, K4 of 71.6%, delivery by health workers 68.3%, postpartum visits (KF3) 60.59% and neonatal visits (KN3) 60.59%. PWS-MCH data Hakatutobu village showed a maternal mortality rate in 2014 of 2 deaths due to bleeding and in 2015 a case of 1 and the infant mortality rate assisted by

a TBA in 2015 was 2 cases. Coverage of K1 in 2013 was 38%, in 2014 it was 42%, in 2015 it was 40%. The K4 target is 95% while the K4 coverage for 2013 is 30%, in 2014 it is 33%, and in 2015 it is 39%. The target of deliveries by health workers is 90%, while the coverage of deliveries by health workers in 2013 is 28%, in 2014 38% and in 2015 40%. The childbirth visit target (KF3) is 90%, neonatal visit is 90% while the achievement of childbirth visit (KF3) and neonatal visit (KN3) for 2013 is 40%, 2014 is 50%, in 2015 is 45%. Village Achievement Hakatutobu is still far below the Renstra standard compared to other villages in the sub-district.

## Materials and Method

This research is a qualitative research with an ethnographic approach that aims to get in-depth information about the Utilization of Maternal and Child Health Services in the Bajo Tribe in the Coastal Area of Hakakotubu Village, Pomalaa District. This research was conducted in March 2018. Data were obtained through observation and in-depth interviews. There were 15 research informants consisting of ordinary informants

(pregnant women and post-partum mothers), supporting informants (traditional birth attendants and midwives) and key informants (community leaders). Data analysis through three channels, namely data reduction, data presentation, and drawing conclusions.

## Results

**Economy:** Economy is the entire amount of family income obtained to meet daily needs that can affect the use of ANC services. The interviews found information that,<sup>1</sup> The majority of the main sources of income of informants' families are from seafood (fishermen) where the average daily income is Rp. 100,000 which is only enough to meet their daily food needs, so they have difficulty if they have to incur additional costs for examining pregnancy in health care facilities.<sup>2</sup> If the informant has a pregnancy check at the puskesmas, they are charged a certain fee at each visit so they feel heavy about the costs.<sup>3</sup> Two informants stating that they prefer to have a pregnancy check up by a shaman, because the fees charged are in accordance with their abilities, the form of payment does not have to be in the form of money, but can be in the form of goods.<sup>4</sup> Three informants who stated they did not want to go to a health care facility because they had to pay additional transportation costs to go there, whereas if they were examined by a dukun they only waited at their home, because the shaman would come to their home.<sup>5</sup> Informants prefer to go to a shaman because with payment according to their respective abilities and is only done once, the shaman not only checks their pregnancy but carries out postpartum care.

**Family support:** Three people The informant stated that they did not get support from their husbands during their pregnancy. The informant said that their husbands did not have time to deliver to the health workers because they were busy working.<sup>2,3</sup> Two informants stated that their husbands did not want to take them to have their pregnancy examined because the location of the health service facility was far from their home.

**Community Confidence:** Four informants stated that they were more confident to have a pregnancy check up and give birth in a dukun because they considered shamans to be more skilled and experienced<sup>3</sup> Two informants expressed public confidence in the ability of shamans not only as a helper during pregnancy and childbirth but could also help for those who have difficulty getting pregnant. In addition, healers are also believed to have the ability to keep away from

spirits.<sup>4</sup> Three informants prefer to check the pregnancy to the dukun because of emotional closeness, where the dukun is one of the figures considered important in the daily life of the Bajo people.

## Discussion

**The Economy:** Economy is the overall income derived from the work carried out by the head and family members. The level of the household economy affects all aspects of the lives of family members, including health aspects. The higher the level of the economy in a household, the greater the chance of accessing and utilizing health services, and vice versa. Families with a low economic level cannot afford to provide funds for antenatal care and preparation for birth, because their income runs out just to meet their daily needs. This can also indirectly have an impact on the lack of nutritional intake in mothers and babies during pregnancy and childbirth. Unlike families with adequate economic capacity, they can carry out routine pregnancy checks, plan deliveries to health workers and make other preparations related to pregnancy and childbirth so that the condition of the mother and baby can be optimally maintained.

The economic status of the Bajo is very minimal and even tends to be below the poverty line. The location of settlements that are above the sea resulted in the majority of them depending their daily lives on marine products both for sale and for their own consumption. The maximum income they can get from selling seafood in a day is 100,000, and even then it will usually be used up to pay off debt to. To increase family income, the wives sometimes collect waste to be sold even though the results are not much. For daily consumption, if they don't have side dishes then they only consume rice sprinkled with salt.

Unlike the case when checking the pregnancy and childbirth with the help of a shaman, they are not charged a certain nominal. Shamans are sufficiently rewarded according to the ability of mothers who can be in the form of money or goods, so that the community does not feel burdened in terms of financing. According to Gamelia about the reasons for antenatal care and childbirth assistance, explained that subjects who use the services of a dukunberanak are because the cost of conducting a pregnancy check-up and birth attendant at a dukun are lighter than examining a midwife, the fee to the dukun is Rp. 10,000 often do not even set a price,

as sincere as giving. It also obtained the ease of making payments which can usually be repaid <sup>7</sup>.

According to Kotler and Armstrong there are many factors that influence the decision to use goods and services differently for each individual. These factors are; (a) cultural factors, (b) social factors, (c) personal factors, and (d) psychological factors <sup>8</sup>. This theory also applies to the Bajo people related to the use of health services, where the economic condition of the family has an impact on the lack of utilization of the ANC.

**Family Support:** Support or motivation is something that supports the formation of a person's actions or behavior. Support is anything that refers to encouragement and efforts to satisfy the needs of life or to achieve certain goals. Support is a reason for someone to act in order to meet their needs <sup>9</sup>. During pregnancy and childbirth, a mother does not live alone but lives in a social environment with a complex family, community and culture that is rich in diversity both in terms of culture and tradition. In fact the main role of the husband's family has a very big influence for pregnant women in supporting every behavior of pregnant women including the utilization of health services. Snehendu B. Kar's theory concludes that a person's health behavior is determined, among others, by the presence or absence of support from the surrounding community (social support) <sup>10</sup>. People who live in an environment that upholds the health aspect will have a high enthusiasm to make various efforts related to health care and vice versa.

During pregnancy until delivery, a mother needs various forms of support, especially from her husband. The lack of husband support can have a variety of negative effects including the lack of a loving bond between the mother and baby, including in the aspect of health care during pregnancy and carrying out checks on health care facilities. The greater support gained during pregnancy, the greater the chance for mothers to use ANC services.

<sup>9</sup> The results showed that the support of husband and family during pregnancy and childbirth in the Bajo tribe community was still very minimal, because their culture was still very thick with patriarchal culture. They assume that everything related to pregnancy and childbirth is the responsibility of a mother/wife. In daily life a husband only functions as a breadwinner while the task of educating and raising children is left entirely

to his wife. This is in line with research conducted by Titaley et al. <sup>11</sup> which shows that social support has a significant effect on the utilization of ANC services.

Observation also shows that the husband and family prefer to encourage the mother to check the pregnancy and assist the delivery process to the dukun rather than to the health service facility because they assume that the dukun is far more experienced than the health worker. This also applies even if pregnancy and childbirth complications occur. These results are in line with research conducted by Reskiani, et al. Showing that there is a relationship between family support and the utilization of ANC services at Antang Health Center. Pregnant women who use ANC services because they have adequate family support, where the husband/family reminds mothers about the schedule of antenatal care and takes the pregnant woman to the puskesmas to check her pregnancy <sup>12</sup>.

<sup>1</sup> Husband's support is very important during pregnancy because sometimes the wife is faced with situations of fear and solitude, so that the husband is expected to always motivate and accompany pregnant women. Besides the support provided during pregnancy can also reduce anxiety and restore the confidence of expectant mothers during pregnancy. This is in accordance with the concept of standby husband, the husband's awareness of the danger signs of pregnancy and the husband's readiness to accompany his wife to a health service for pregnancy checks needed at each pregnancy check-up visit, the husband should always accompany his wife so they know the condition of his wife's pregnancy.

Good support from her husband can provide positive motivation for mothers in checking their pregnancy. Actual forms of actions that can be taken by the husband during the process of pregnancy to delivery include delivering a wife for antenatal care, meeting nutritional needs, inviting a wife to do light exercise, helping to do daily chores, preparing for labor costs, participating in choosing a place to give birth to his wife, accompany or accompany his wife during childbirth, and remind his wife to provide exclusive breastfeeding. The involvement of the husband from the beginning of pregnancy until delivery and the postpartum period will improve the behavior of the care of pregnant women so as to determine the success of the mother in pregnancy until the postpartum period.

**Confidence:** Beliefs are assumptions and beliefs that are considered correct by an individual or group, regarding concepts, events, people and certain things. Beliefs grow with the world view that is affirmed by the community, are considered positive and true, forming behavior in a predisposition, beliefs can still be changed depending on the interventions provided. Usually, beliefs tend to differ from one community group to another. This is conditioned by the customs or traditions adopted by the community. As seen in the Bajo tribe who believe in non-medical aspects of their health problems, shaman is a figure that is believed to be able to help health problems including for the health of mothers and children. In this study, the Bajo tribe entrusted the problem of pregnancy and childbirth to untrained birth attendants because it was a hereditary habit.

The tendency to prefer shamans for pregnancy and childbirth problems in the Bajo tribe is a challenge for local health workers. Feeling safe and comfortable when served by a shaman is a psychological factor felt by a mother who subjectively forms beliefs. It has become common in traditional societies who always rely on treatment based on their beliefs, as is the case with Bajo people who believe in dukun expertise in facilitating pregnancy and childbirth through certain rituals. The traditional Bajo community has taboos (pamali) which must not be violated for fear that there will be consequences. This conviction was strengthened because so far there had never been a case that they considered endangered the health and safety of pregnant and childbirth women as a result of being assisted by a shaman.

Linking Rosenstock's theory of the Health Belief Model to the Bajo community with healthy behavior, the Bajo community does not feel any health problems during pregnancy and childbirth when assisted by a dukun, so that it does not change the perception, attitude and actions to find solutions in handling pregnancy and childbirth. Based on this theory, perceptions of health problems are influenced by three things namely; a) Health values in general, (interests and attention to health); b) Confidence in one's vulnerability to health problems; and c) Confidence in the consequences arising from health problems<sup>13</sup>.

Changing the basic beliefs in utilizing health facilities such as the Bajo community requires attention in exploring problems, motives for change, and strengthening social factors and values that are hereditary.

Likewise, various activities that are intended to be improved and developed through posyandu, puskesmas and counseling programs that are run separately. This needs to be attention because all of these are efforts to tackle health problems that stem from behaviors that do not harm health.

## Conclusion

The inability of the community's economy, resulting in them preferring to have a pregnancy check up and deliver a birth assisted by a dukun rather than a midwife or to a health care facility. 2. Husband and family support for mothers during pregnancy and childbirth is still very minimal. 3. The Bajo community's belief in dukunbirun because it is a hereditary habit, and they do not feel any health problems during pregnancy and childbirth when assisted by dukunberanun.

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**Ethical Clearance:** Obtained from Universitas Muslim Indonesia.

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