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Indian Journal of Forensic Medicine & ToxicoDloOgyI, NOuctmobbeerr-:D1e0ce.m59b5er82/0091793,V-9o1l.3103.,2N01o.94.0056167.863 Antenatal Care Utilization Model in Public Health Center of Surabaya Hilmi Yumni1, Fendy Suhariadi2, Oedojo Soedirham3 1Health Polytechnic of Surabaya, 2Faculty of Psychology, Airlangga University, 3Faculty of Public Health, Airlangga University Abstract Antenatal care is an important determinant of a safe labor, because through antenatal visits, the pregnancy risk can be identified. The purpose of the study is to explain the antenatal care utilization models that are formed from attitude factors, family support, health cadres support, community leaders support, women's autonomy and self-efficacy with intention mediators. Quantitative research was carried out by cross- sectional approach. Public Health Center were collected in a proportional multi stage random sampling, with 13 Public Health Centers that representing the city of Surabaya. The population was all pregnant women who visit antenatal care at the Public Health Center. The samples size of 265 pregnant women were chosen by random sampling. Descriptive and inferential analysis, testing causal relationships through the method of Structural Equation Models (SEM). Statistical test results show: the antenatal care utilization model was formed

from attitude factors, family support, health cadre support, community leaders support, women's autonomy and self-efficacy with mediators intention to fit with empirical data. Keywords: Utilization, Antenatal care, Attitude Introduction Antenatal care (ANC) is a very important component of maternal health services, because it provides opportunities for pregnant women and families to understand the risks that related with pregnancy, to monitor health care and also for decision making.(1) The indicators of increasing antenatal coverage with antenatal care for health workers include K1, is the first visit of pregnant women in the first trimester, K4, is the fourth visit of pregnant women in the third trimester.(2) The access coverage of pregnant women who perform ANC to health workers has increased based on the results of Basic Health Research 2013, that is in the first trimester or K1 is 81.6%, while the frequency of ANC with 1-1-2 pattern or K4 is 70.4%.(3) Those results still have not reached the national target. The low Corresponding author: Hilmi Yumni (hilmiyumni@yahoo.com) Address: Pucang Jajar Tengah Street-56, Surabaya, Indonesia maternal health services utilization during pregnancy contributes to maternal morbidity and mortality. (4),(5) Antenatal screening can predict certain obstetric emergencies, one of the strategies to reduce maternal mortality.(6) These problems come from individuals, families, communities and health institutions.(7),(8),(9) Non-medical factors also contribute to maternal morbidity and mortality both at the individual, family, community and health institutions level in the form of delays including late recognition of danger signs and making decisions, being late reaching health facilities and being late in getting help at health facilities. (10) The health behavior theory that can be used to explain the antenatal care services utilization to pregnant women by looking at the individuals cognitive processes based on belief and considering the social environment that can influence individual decisions is the theory of planned behavior (TPB). The theory explains that intention or planning or motivation to behave are determined by attitude, subjective norm and perceived behavioral control. These three determinants are functions based on belief.(11) The theory is combined with the concept of women's autonomy in a gender perspective, social support and self-efficacy. The variables that build the model of ANC utilization are intentions or motivation, subjective norms, measured through family support, health cadre support, community figure support, perceived behavioral control measured through women's autonomy and self-efficacy. The previous study result on ANC have been carried out and are related or correlated with several sociodemographic factors, availability, accessibility, affordability, women status in the household, women's knowledge, attitudes, beliefs and culture. The purpose of this study is to explain the antenatal care utilization model that is formed from attitude factors, family support, health cadre support, community leaders support, women's autonomy and self-efficacy with intention mediator variables in Public Health Center, Surabaya. Method This study began with qualitative data collection for 15 pregnant women who were doing ANC at Public Table 1. The Results of Measurement Model Health Center in Krembangan Selatan and Perak Timur Surabaya, followed by a discussion to Public Health Center leaders, Coordinator midwives of MCH and provider midwives, it was aimed for building a conceptual framework, getting input from practitioners in explaining antenatal care utilization and considered in the development of instruments. The expert discussion was carried out before the instrument was tested. This research used cross-sectional approach. Public Health Center collection was carried out in a proportional multi stage random sampling with 13 of Public Health Centers representing the city of Surabaya. The population was all pregnant women who visit antenatal care at the Public Health Center. The samples size of 265 pregnant women were chosen by random sampling. The analysis in descriptive and inferential analysis. Testing the causal

relationship between latent variables and manifest variables through Structural Equation Models (SEM). Findings Measurement Model The Relationship indicator to laten variable Estimate P-value Note Cultur Reason (X1.20) <--- Attitude 1 Health Reason (X1.1) <--- Attitude 1.247 0.000 Significant Emotional (X2.3) <--- Family Support 1 Informational (X2.2) <--- Family Support 1.147 0.000 Significant Instrumental (X2.1) <--- Family Support 0.939 0.000 Significant Emotional (X3.3) <--- Health Cadre Support 1 Informational (X3.2) <--- Health Cadre Support 0.986 0.000 Significant Instrumental (X3.3) <--- Health Cadre Support 0.648 0.000 Significant Emotional (X4.3) <--- Community Leader Support 1 Informational (X4.2) <--- Community Leader Support 0.973 0.000 Significant Instrumental (X4.1) <--- Community Leader Support 0.775 0.000 Significant Decision Making Authority (X5.1) <--- Women's Autonomy 1 Mobility Freedom (X5.2) <--- Women's Autonomy 1.238 0.000 Significant Economic Freedom (X5.3) <--- Women's Autonomy 1.476 0.000 Significant Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4 1765 Cont.... Table 1. The Results of Measurement Model The Relationship indicator to laten variable Estimate P-value Note The Difficulty Level that is believed (X6.1) <--- Self-Efficacy 1 Belief about hope (X6.2) <--- Self-Efficacy 0.489 0.000 Significant Strong and weak of faith (X6.3) <--- Self-Efficacy 0.392 0.000 Significant Plan (X7.1) <--- Intention 1 Time (X7.2) <--- Intention 0.876 0.000 Significant First Visit (K1) <--- Antenatal Care Utilization 0.271 0.026 Significant Number of Visit (K4) <--- Antenatal Care Utilization 1 Content <--- Antenatal Care Utilization 2.397 0.006 Significant Table 1 shows that all indicators had a p-value of <0.05 (all valid indicators explain the construct). Structural Model Table 2. The Results of Structural Model Path Estimate P-value Note Attitude –> Intention 1.331 0.014 Significant Health Cadre Support –> Intention 0.134 0.040 Significant Family Support –> Intention 0.480 0.038 Significant Community Leader Support –> Intention 0.008 0.934 Not Significant Women's Autonomy –> Intention 0.744 0.039 Significant Self-Efficacy –> Intention 0.165 0.504 Not Significant Intention –> Antenatal Care 0.405 0.006 Significant Self-Efficacy –> Antenatal Care 0.021 0.272 Not Significant Women's Autonomy –> Antenatal Care 0.225 0.048 Significant There were exogenous variables that do not affect the endogenous variables, then eliminate the relationship between exogenous variables to endogenous variables that do not have a significant effect so that the final model is obtained with the weight between exogenous variables and endogenous variables. Figure 2. The Final Structural Model Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4 1767 Table 3. Goodness of Fit Index Goodness of Fit Cut-off Value GoF-Index Results Chi Square (λ2) < λ2(α;df) = λ2(0.05;148) = 177.39 127.72 Good Sig. Probability ≥ 0.05 0. 885 Good Cmin / df ≤ 2.00 0.863 Good RMSEA ≤ 0.08 0. 058 Good GFI ≥ 0.90 0. 952 Good AGFI ≥ 0.90 0.918 Good TLI ≥ 0. 90 1.009 Good CFI ≥ 0. 90 1.000 Good Discussion Attitude and Intention The results showed that the attitude influence on intention. If the attitude is improved it will increase the intention. The positive attitude of pregnant women is an enthusiastic attitude in maintaining the health of the mother and fetus, monitoring her pregnancy every time to find out fetal development, a positive attitude that is reflected in health reasons to foster intentions in antenatal care. The attitude of pregnant women for health reasons is stronger in growing the intention of pregnant women who have time to do antenatal care. The results of the study are supported by behavioral theory which explains that individual health becomes the main determinant of someone seeking or utilizing health services.(12) The results of other studies that support the antenatal care utilization are influenced by attitude factors, education, income, knowledge, distance, availability of public transportation, transportation costs, ANC service fees, husband's support and motivation.

(13),(14) Family Support and Intention The results show that family support influences on intention. If family support is increased, it will increase the intention. Pregnant women perceive high family support in the form of information, advice (informational support), attention and affection (emotional support), material, time (instrumental support), increase the intention of pregnant women who have enough time to utilize antenatal care. Some of the pregnant women in this study are working women and some do not work. For pregnant women who do not work, of course, have enough time to manage the pregnancy examination schedule, while for mothers who work with the intention that is reinforced by family support, it will regulate the time in doing antenatal care. Pregnancy can be a stressor for a woman if she lacks support from her family even though it becomes a task of family development.(15) Health Cadre Support and Intention The results explain that the support of health cadres influences on intention. If the support of health cadres is increased, it will increase the intention. Support from health cadres in terms of providing instrumental, informational and emotional support to pregnant women is mostly low. Whereas by increasing the support of health cadres can increase the intention of pregnant women who have sufficient time in utilizing antenatal care. Health cadres should actually be the people who are considered the closest to the community because cadres come from the local community so that the transfer of knowledge and skills from cadres to neighbors becomes easier.(16) Cadres are human resources of the community for the community and chosen by the community. Cadres are direct drivers in the community in carrying out activities related to health and through cooperation between health workers, families, community leaders, it is expected that problems can be tackled in stages.(17) Community Leaders Support and Intention The results showed that the support of community leaders does not influence on intention, because it does not have a significant influence. Low support from community leaders is in line with the opinions of several health practitioners at Surabaya Public Health Center that there is still a lack of concern among community leaders for pregnant women during antenatal care visits, thus making the lack of pregnant women intentions during prenatal care. Community leaders, religious leaders usually have a high social position, can bridge between health program managers and community and influence the health behavior of a person in the community. (18) However, relating to maternal health, community leaders in Surabaya do not statistically influence the intention of pregnant women to utilize antenatal care. Although there is no support from community leaders, only with the support of family and health cadres, the intention of pregnant women to utilize antenatal care can be realized. Women's Autonomy and Intention Women's autonomy influences the intentions in utilizing antenatal care in three indicators that have high influence values in sequence are economic autonomy, mobility autonomy and decision-making authority. The results of this study indicate that the intention to carry out pregnancy care is grown from the ability of women to make decisions in accessing and controlling financial resources for the care of themselves and their families. This intention is also shaped by women's ability to make decisions on traveling activities for personal and family health care. Women's Autonomy and Antenatal Care Utilization Women's autonomy influence on antenatal care utilization in line with the opinion of Simkhada, et al.(6) that high women's autonomy will increase women's access to reproductive health services, while low women's autonomy will hinder. Mc Carthy & Maine(7) say that the antenatal care utilization is also influenced by the status of women, where women's status is linked and measured by women's autonomy. Ahmed, et al. (19), Baral, et al.(20) also convey the same thing that women's autonomy although measured in different ways has been linked to the maternal health services utilization. Women's autonomy also means that women have the

ability to make and decide independently related to their health problems(21), so that when women face situations that threaten their pregnancies and have to seek health services then that is the role of autonomy. Self-efficacy and intentions The results of this study indicate that when women's autonomy is more dominant, added with family support, health cadre support and attitudes possessed by pregnant women, although there is no self-efficacy, intention to antenatal care utilization can be formed. This condition is owned by pregnant women with characteristics that most of the parity is more than one or multigravida. Research conducted by Masrianto(22) explains that pregnant women with high parity do not use antenatal care regularly, while lower parity uses more antenatal care services regularly. Ajzen(23) explained that self-efficacy is an individual's belief in the supporting and inhibiting factors in doing behavior, in this study the behavior is a pregnancy care intention. The value of self-efficacy in behavior becomes less dominant if the ability of individual control (women's autonomy) is stronger. Individual control referred to antenatal care utilization is the autonomy of women as the actual control in the decision-making process using finance, mobility and personal health care. Self-efficacy and antenatal care utilization The results showed that without self-efficacy, pregnant women are able to utilize antenatal care throughout the period of pregnancy by having attitudes, family support, health cadres support and having freedom or independence in making decisions in terms of economic, mobility and fulfillment of personal and family health needs. Self-efficacy of pregnant women has been formed, it is possible to obtain from previous experience, because the characteristics of pregnant women are mostly multigravida, that is pregnancy >1 time, having experience of success in undergoing a pregnancy process that ends with safe labor. Some pregnant women also take part in activities in the prenatal class program. Self- efficacy can be formed, acquired and developed, among others through behavioral patterns and environmental factors.(24) Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4 1769 Intention and Antenatal Care Utilization reality. Health Policy. 2009;89:131-148. The results shows that intentions has an effect on 6. Simkhada B, Van Teijlingen ER, Porter M, antenatal care utilization, the influence value is positive, Simkhada P. Factor affecting the utilization of meaning that the influence value is unidirectional, if antenatal care in developing countries: systematic the intentions of pregnant women are increased it will review of the literatur. Journal of Advanced increase the antenatal care utilization at Public Health Nursing. 2008;61(3):244-260. Center. 7. Mc-Carthy J, Maine D. A Framework for Intention is an important part of individual self- determining maternal mortality. Studies Family regulation which is motivated by acting. This intention Planning. 1992;22. has a strong impact on real behavior. If someone has an 8. Elo IT. Utilization of maternal health care servisces intention to conduct a behavior then it tends to conduct in Peru: The role of women's education. Health behavior.(11) The results of this study indicate that most Transition Review. 1992;2(1). of the intention of pregnant women to do antenatal care 9. Mistry R, Galal O, Lu M. Women's autonomy is good. This means that the intention is formed because and pregnancy care in rural India: A. Contextual of a positive belief or perception in terms of attitude, analysis. Social Science & Medicine. 2009;69:926- family support, health cadres support, and women's 933. autonomy in utilizing antenatal care. 10. MoH-RI. Integrated Antenatal Care Guidelines. Conclusion Jakarta; MoH-RI; 2012. The antenatal care utilization model at Public Health 11. Ajzen I, Fishbein M. The Influence of attitudes Center, Surabaya is formed from attitude factors, family on behavior, In Albarracin D, Johnson BT, Zanna support, health cadre support and women's autonomy. MP (Eds). The handbook of attitudes, Lawrence These factors influence the intention of

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