Analysis of the Relationship between Family Resource Factors and Community Resource Factors with the Utilization of Neonatal Services in the Working Area of Puskesmas X Surabaya

Analisis Hubungan Faktor Family Resource dan Faktor Community Resource dengan Pemanfaatan Pelayanan Neonatal di Wilayah Kerja Puskesmas X Surabaya

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ABSTRACT

Background: Infant mortality is one of the priority problems in the field of maternal and child health in Indonesia until now. All health issues in the Sustainable Development Goals (SDG's) are integrated into goal number 3. In the city of Surabaya, the total number of infant deaths has shown a decreased trend in the last 3 years, but in the number of infant deaths, including deaths within the neonatal period, the number continued to increase during 2018-2020. The target of neonatal visits in the working area of Puskesmas X Surabaya is one of the causes of the infant mortality rate during the neonatal period in the city of Surabaya having increased in 2018-2019, especially in the working area of Puskesmas X Surabaya which makes the Puskesmas rank second in the number of neonatal deaths in Surabaya in 2019.

Objectives: To analyze factors related to the use of neonatal services in the working area of Puskesmas X Surabaya.

Methods: This type of research was an analytical observational study with a quantitative approach. The design of this research used cross-sectional studies. The sampling technique used in this study was probability sampling.

Results: From the research conducted, it was shown that there was no significant relationship between family resource and community resource with the use of neonatal services by mothers of infants, judging from statistical tests using the Chi-square test, the p-value obtained was more than $\alpha=0,05$.

Conclusions: The enabling characteristics of the baby's mother, such as insurance ownership, family income, husband support, family support, health worker support, and accessibility, were not related to the use of neonatal services by the baby's mother in the work area of Puskesmas X Surabaya.

Keywords: Community resource, Family resource, Neonatal, Puskesmas, Services

ABSTRAK

Latar Belakang: *Kematian bayi merupakan salah satu masalah prioritas bidang kesehatan ibu dan anak di Indonesia sampai saaat ini. Semua isu kesehatan dalam Sustainable Development Goals (SDG's) diintegrasikan dalam satu tujuan nomor 3. Kota Surabaya mengalami penurunan jumlah total kematian bayi dalam kurun waktu 3 tahun terakhir. Namun, terdapat masalah pada jumlah kematian neonatal yang terus mengalami peningkatan dalam kurun waktu 3 tahun tersebut yakni mulai tahun 2018-2020. Masih belum tercapainya target pada kunjungan neonatal di wilayah kerja Puskesmas X Surabaya menjadi salah satu penyebab angka kematian*

bayi pada masa neonatal di Kota Surabaya mengalami peningkatan pada tahun 2018-2019, terutama di wilayah kerja Puskesmas X Surabaya yang menjadi salah satu Puskesmas dengan jumlah kematian neonatal tinggi di Surabaya pada tahun 2019 dengan total 10 kematian neonatal.

Tujuan: *Menganalisis faktor yang berhubungan dengan pemanfaatan pelayanan neonatal di wilayah kerja Puskesmas X Surabaya.*

Metode: *Jenis penelitian ini merupakan penelitian observasional analitik dengan pendekatan kuantitatif. Desain atau rancang bangun penelitian ini menggunakan studi cross sectional. Sampel penelitian ini sebanyak 52 Ibu atau menggunakan seluruh populasi. Teknik pengambilan sampel yang digunakan pada penelitian ini adalah probability sampling.*

Hasil: *Dari penelitian yang dilaksanakan menunjukkan bahwa tidak ada hubungan yang signnifikan antara family resource dan community resource dengan pemanfaatan pelayanan neonatal oleh ibu bayi dilihat dari uji statistik menggunakan uji Chi-square diperoleh p value lebih dari α=0.05.*

Kesimpulan: *Karakteristik pemungkin ibu bayi seperti kepemilikan asuransi, pendapatan keluarga, dukungan suami, dukungan keluarga, dukungan tenaga kesehatan, dan aksesibilitas tidak berhubungan dengan pemanfaatan pelayanan neonatal oleh ibu bayi di wilayah kerja Puskesmas X Surabaya.*

Kata Kunci: *Neonatal, Pelayanan, Puskesmas, Sumber daya keluarga, Sumber daya masyarakat*

INTRODUCTION

Infant mortality remains one of the top priorities in the maternal and child health sector in Indonesia to this day. All health aspects in the Sustainable Development Goals (SDGs) are integrated into goal number 3, which is to ensure healthy lives and promote well-being for all individuals, regardless of age. One of the unresolved challenges is the efforts to reduce the maternal Mortality rate (MMR) and the infant mortality rate (IMR). The health targets of the SDGs for the year 2030 aim to end preventable deaths of newborns and children under five, with all countries working to reduce the neonatal mortality rate to at least 12 per 1,000 live births and the under-five mortality rate to 25 per 1,000 (Bappenas, 2016).

According to data from the Health Profile of the Surabaya City Health Office (2018), the infant mortality rate in Surabaya City was 214 cases of infant deaths, with 131 of those being neonatal deaths. In 2019, the infant mortality rate in Surabaya City was 211 cases of infant deaths, with 141 of those being neonatal deaths. According to data from the East Java Health Office in 2020, the infant mortality rate in Surabaya City in 2020 made the city rank second as the contributor to infant deaths in East Java that year, with 208 cases of infant deaths and 146 of those being neonatal deaths. This indicates that Surabaya City experienced a rising trend in the number of neonatal deaths from 2018 to 2020. Although the total number of infant deaths has tended to decline over the past three years, neonatal deaths continued to increase during the years 2018-2020.

According to the Minister of Health Regulation (2014), the main issues in newborns arise because this period is considered very important and vulnerable, where the risk of disease increases. Identifying diseases in infants becomes difficult, and, if they occur, the condition can deteriorate rapidly, potentially leading to fatal outcomes. Therefore, without proper care, the impact can be very serious. A number of health efforts are made to reduce risks in this group, including ensuring that deliveries are attended by healthcare professionals at health facilities and ensuring the availability of health services according to standards during newborn visits. Intervention measures, such as neonatal visits, can be implemented to reduce the neonatal mortality rate.

According to data from the Surabaya Health Office in 2019, one of the Community Health Centers (Puskesmas) that has not yet achieved the target for first neonatal visits (KN1) and complete neonatal visits is Puskesmas X Surabaya. Data from 2018 recorded that the achievement of the first neonatal visit (KN1) at Puskesmas X Surabaya reached 47.16%, and the achievement of complete neonatal visits (KN complete) also reached 47.16%. In 2019, the achievements for KN1 and KN completed at Puskesmas X Surabaya were 63.43% for first neonatal visits and 63.19% for complete neonatal visits. Although there was an increase of about 20% in the achievement of neonatal visits in the working area of Puskesmas X Surabaya, it is still far from the target of 100% for first and complete neonatal visits. This achievement has made Puskesmas X Surabaya one of the health centers with the highest number of neonatal deaths in Surabaya in

2019.

Factors that may be related to mothers in utilizing neonatal services at the Community Health Center are, according to Andersen (1995), as described in the health system model theory, where in the dimension of utilizing health services, it is influenced by predisposition characteristics (knowledge, attitudes, beliefs, values, perceptions, related to an individual's motivation), enabling characteristics (skills and resources owned), and need characteristics (needs assessment regarding illness and clinical evaluation). From the research by Zahtamal et al. (2011), it can be concluded that the factors significantly influencing infant and child health practices among respondents involve the individuals responsible for selecting healthcare services in the family, the respondents' level of knowledge, the respondents' attitudes, and the payment methods (through health insurance or personally). Practices related to infant health also include carrying out neonatal visits to the community health center to receive care from health professionals.

The statement is supported by the research results of Raodhah (2015) which found that the mother's belief that a baby should not be taken out of the house until 40 days old contributes to the underutilization of neonatal services at the Balangnipa Health Center. Although 96% of respondents stated that they can access the health center geographically, only 18.7% actually attended complete neonatal visits. Research by Rahmawati (2019) indicated that factors such as age, education level, and mother's beliefs are linked to neonatal visit behaviors at the Kedungmundu Health Center. In addition to the individual factors of the mother, the family environment also influences the utilization of neonatal services. Galih's research (2018) showed that husband support, mother's attitudes, and knowledge are associated with neonatal visits at the Sumbersari Health Center.

The achievement of complete neonatal visits that has yet to reach the target, along with the continuing increase in neonatal mortality during the years 2018-2020 in the working area of Puskemas X Surabaya, has negatively impacted the health of infants still in the neonate phase, and has also hindered contact with health workers regarding the utilization of mothers in neonatal service at the community health center, which needs to be taken into consideration when monitoring the still low neonatal coverage. Therefore, the issue to be raised in this research is related to the achievement of complete neonatal visit coverage ranging from 47.16% to 90.08% of the target of 100% during the years 2018-2021 at Puskesmas X Surabaya by identifying enabling characteristics in the utilization of neonatal services in the working area of Puskesmas X Surabaya.

METHODS

This type of research is an analytical observational study with a quantitative approach, aimed at understanding the relationship between risk factors and correlation effects in a research design using cross-sectional studies. The enabling characteristics of mothers of infants in utilizing neonatal services consist of several variables, including insurance ownership, family income, spousal support, family support, healthcare support, and accessibility. The study population involves all mothers with infants aged 1-2 months in the working area of Puskesmas X Surabaya, who did or did not have neonatal visits at the time of data collection. Based on birth data in April-May 2022 in the area, there were 52 births from 52 mothers. This research sample is a total population, which includes mothers with infants aged 1-2 months in the work area of Puskesmas X Surabaya, both those who had neonatal visits and those who did not at the time of data collection. Since the population size is less than 100, this study uses sample data from the total population employing probability sampling techniques, which gives each element or member of the population an equal chance of being selected as a sample. In this case, all members of the population are taken as a sample, so the sampling method used is total sampling or census.

The research period was conducted from May 2022 to July 2022. Puskesmas X Surabaya had not previously been the location for research related to factors associated with the utilization of neonatal services. The data analysis used in this study will be carried out in two stages. The first stage uses univariate analysis, which is an analysis used to describe the data collected according to frequency and percentage without making conclusions that apply generally or generalizations (Sugiyono, 2016). Univariate analysis will depict the percentage and frequency of each variable in this study, both dependent and independent variables. Furthermore, the second data analysis will use bivariate analysis with SPSS (Statistical Product and Service Solutions) software, where this analysis is conducted to test an independent variable and a dependent variable that may be related or correlated. In this study, bivariate analysis will use the Chi-square test at a confidence level of 95% (α=0.05). This research has obtained ethical approval from the Health Research Ethical Clearance of Faculty of Dental Medicine, Airlangga University, with certificate number 232/HRECC.FODM/V/2022.

RESULT AND DISCUSSION

The distribution of insurance ownership among mothers of infants is shown in Table 1. Based on Table 1 below, the majority of mothers of infants have health insurance, with 43 individuals (82.7%)

using it for self-checks and their infants at the community health center and other health services. The distribution of family income is shown in Table 1. According to Table 1, the family income of mothers of infants is categorized into two categories: high if the family's income is equal to or greater than the minimum wage of Surabaya (UMK), which is Rp4,375,479, and low if it is less than the UMK. A total of 29 (55.8%) of the family incomes of mothers of infants fall into the low category, while 23 (44.2%) family incomes are classified as high.

The distribution of husband support is shown in Table 1, which indicates that the majority of mothers of infants are in the good category of receiving husband support, amounting to 47

individuals (90.4%) of the total mothers. The distribution of family support is presented in Table 1, where it shows that most mothers of infants, totaling 40 individuals (76.9%), receive good support from their families. The distribution of healthcare personnel is also shown in Table 1, indicating that the majority of mothers of infants fall into the good category of receiving support from healthcare personnel, amounting to 39 individuals (75%) of the total mothers. The distribution of accessibility is shown in Table 1, which indicates that 57.7% of mothers of infants are in the close category, 38.5% are in the medium distance category, and 3.8% are in the far distance category to health centers or other healthcare services.

Table 1. Frequency Distribution of Maternal Characteristics of Infants at Puskesmas X Surabaya

Variable	Category	Frequency (n)	Percentage (%)
Mother' Insurance Ownership	Have	43	82.7
	Not Have	9	17.3
Mother's Family Income	High	23	44.2
	Low	29	55.8
Support from the Husband of the Mother of the Baby	Good	47	90.4
	Less	5	9.6
Family Support for Baby's Mother	Good	40	76.9
	Less	12	23.1
Support for Health Workers	Good	39	75.0
	Less	13	25.0
Accessibility	Near (<1 km)	30	57.7
	Currently (1-5 km)	20	38.5
	distant (>5 km)	2	3.8
Total		52	100.0

From the data in Table 2, it is known that support in the form of instrumental assistance, such as providing transportation during examinations and covering health costs if needed during the examination process, is categorized as good with 71.2% and 98.1% of mothers of infants. Emotional support in the form of encouragement to have their babies examined is still in the good category at 84.6% of mothers of infants. Emotional support from family for having their babies examined also remains in the good category at 86.5% of mothers of infants. Instrumental support in the form of helping with

transportation when the mother is unable to attend examinations is also categorized as good at 82.7% of mothers of infants. Emotional support in the form of home visits by health workers when the mother is unable to attend examinations is categorized as poor at 40.4% of mothers of infants. Meanwhile, informational support in the form of providing health education is in the good category at 76.9%. Additionally, other informational support in the form of notifying the examination schedule for their babies is still in the good category at 90.4% of mothers.

Table 2. Distribution of Assessment Support for Characteristic Enablers of Mother and Baby at X Health Center Surabaya

No.	Question	Frequency			
		Yes		No	
		n	%	n	%
1	Did your husband accompany you when you brought and checked your newborn baby until the age of 1 month?	37	71.2	15	28.8
2	Does your husband cover the medical costs if needed when taking his newborn baby for a check-up until the age of 1 month?	51	98.1	1	1.9
3	Did your husband suggest to bring and check the newborn baby until they are 1 month old?	44	84.6	8	15.4
4	Do parents/family remind and suggest to bring and check their newborn baby until they are 1 month old?	45	86.5	7	13.5
5	Do parents/family help to take and bring the mother when she is unable to take her newborn baby for check-ups until the baby is 1 month old?	43	82.7	9	17.3
6	Health workers make home visits if the mother does not take her newborn baby for a check-up until the baby is 1 month old.	21	40.4	31	59.6
7	Health workers provided counseling to mothers about caring for warning signs and illnesses in newborns.	40	76.9	12	23.1
8	Health officials remind mothers about the schedule for checking their newborn babies up to 1 month old.	47	90.4	5	9.6

The characteristics of enabling factors for mothers of infants include health insurance ownership, family income, husband support, family support, healthcare worker support, and accessibility related to the utilization of neonatal services. The results of the analysis of the relationship between enabling characteristics and the utilization of neonatal services are presented in Table 3. Health insurance serves as a guarantor to address the risks of healthcare financing and treatment. Health insurance (government or private) is held by the community to access healthcare facilities (Arimbawa, 2018). Based on Table 3, the majority of mothers of infants possess health insurance that they use for treatment; however, a larger number of these mothers with health insurance are incomplete in utilizing neonatal services, specifically 60.5%. Based on Table 3, it shows that there is no significant relationship between insurance ownership and the utilization of neonatal services by mothers of infants, as indicated by the statistical test using the Chi-square test which yielded a p-value of 0.327 for α=0.05. This is because the majority of mothers already have health insurance, whether government or private. Additionally, for those who do not have insurance, they are assisted by the Puskesmas to register for health insurance such as BPJS, KIS, and PBI for underprivileged families, so even if they do not have health insurance, it does not become an obstacle for mothers in utilizing health services for themselves and their children. However, there is a trend that even though the majority of mothers already have health insurance or are not burdened by costs, it does not encourage them to fully utilize neonatal services.

The characteristics of each individual in utilizing health services can be reflected in family income. Socioeconomic factors have a significant influence on funding ability in the context of health, as it is still focused on meeting basic needs (Nurrohmah, 2014). Based on Table 3, the majority of mothers of infants who fall into the high family income category tend to not fully utilize neonatal services with 73.0%. Meanwhile, mothers of infants from low-income families make more use of neonatal services than mothers of infants from high-income families, with 44.8%. The analysis results using the Chi-Square test in Table 3 show that statistically there is no significant result with a p-value of 0.163 for α=0.05, which means that there is no relationship between the mother's family income and the utilization of neonatal services. This result is not consistent with the research by Tarigan (2017) which showed a significant relationship between family income and the utilization of infant services. Similarly, the research by Yitbarek (2021) showed a significant result between the mother's socioeconomic status in southwest Ethiopia and neonatal healthcare practices. Andersen's (1995) theory states that income is one of the factors influencing the utilization of neonatal services. This theory is also supported by Tura's (2015) research, which states that economic level is a predictor of neonatal care practices. The results of this study are not consistent with the above theory because mothers of infants with both high and low incomes still do not fully utilize neonatal services.

Support can strengthen an individual's intention to use neonatal services, especially support from close people such as the husband of the mother of the baby (Notoatmodjo, 2010). Based on Table 3, mothers of babies with good husband support tend to be incomplete in utilizing neonatal services, at 66%. Meanwhile, mothers of babies with poor husband support tend to be complete in utilizing neonatal services, account for 60%. The analysis results using

the Chi-square test in Table 3 show that statistically there is no significant result with a p-value of 0.252 for α=0.05, which means that there is no relationship between the support of the mother's husband and the utilization of neonatal services. Research findings indicate that mothers of infants who have good support from their husbands tend to have incomplete utilization of neonatal services, as stated in Mulyanto's theory (2015), which points out that, in addition to husbands, there is still support from family and health workers that can strengthen the decisions made by infant mothers. Furthermore, the majority of decision-makers for their children's care are the mothers themselves. Similarly, Prawira's (2014) research found that there is no relationship between husband support and mothers' behavior in administering hepatitis B vaccination for infants aged 0-7 days (p-value=0.274).

According to Friedmann et al. (cited in Nuraini, 2022), family support is the attitude, actions, and acceptance of family members toward their relatives and the readiness to provide support or assistance at any time, especially to mothers of newborns. Based on Table 3, mothers of infants with good family support tend to be incomplete in utilizing neonatal services, with 65%, while mothers of infants with inadequate family support also tend to be incomplete in utilizing the services, with 58.3%. The results of the analysis using the Chi-square test in Table 3 show that there is statistically no significant result with a p-value of 0.674 for α=0.05, which means that there is no relationship between family support and the utilization of neonatal services. The study results indicate that mothers of infants with either good or poor family support tend to have incomplete utilization of neonatal services.

The role of health workers is very important in maintaining daily health. They not only provide support but also act as promoters of a close relationship between mothers and babies, both physically and psychologically. Health workers provide information about the health condition of the mother and baby, starting from pregnancy, care for newborns, to the postpartum period of the mother and baby (Saleha, 2009). Based on Table 3, 65% of mothers of infants from the total who received support from health workers tend to have incomplete utilization of neonatal services, while 53.8% of mothers of infants from the total who received support from health workers are also quite incomplete in utilizing neonatal services. The analysis results using the Chi-square test in Table 3 show that statistically there is no significant result with a p-value of 0.618 for α=0.05, indicating that there is no relationship between health worker support and the utilization of neonatal services. These results are in line with the research by Rahmawati et al. (2019), which showed no relationship between health worker support and neonatal visits.

Easily accessible health facilities are a supportive resource for someone in utilizing health services (Andersen, 1995). According to Oluwaseyi h (2014), accessibility and availability of health services are important considerations for someone in deciding to use health services. Based on Table 3, the majority of mothers with infants who live close to the community health center or other health services tend to have an incomplete utilization of neonatal services, with 73.3%. Meanwhile, mothers of infants who live at a moderate distance from the community health center or other health services tend to have a complete utilization rate of neonatal services at 50%. Based on the research results in Table 3, there is no significant relationship between accessibility and the utilization of neonatal services by mothers of infants, as seen from the statistical test using the Chi-square test which obtained a p value of 0.225 for α=0.05. This result is in line with the study by Tarigan (2017) which stated that there is no significant relationship between access and maternal behavior in infant services.

Table 3. Characteristics of Enablers with the Utilization of Neonatal Services

No.	Enabling Characteristics	Utilization of neonatal services				Total		Statistical value	Description
		Incomplete		Complete					
		n	%	n	%	n	%	P (α=0,05)	
1	**Insurance Ownership**								
	Have	26	60.5	17	39.5	43	100.0	0.327	Not Significant
	Not Have	7	77.8	2	22.2	9	100.0		
2	**Family Income**								
	High	17	73.9	6	26.1	23	100.0	0.163	Not Significant
	Low	16	55.2	13	44.8	29	100.0		
3	**Husband's Support**								
	Good	31	66.0	12	34.0	47	100.0	0.252	Not Significant
	Less	2	40.0	3	60.0	5	100.0		
4	**Family Support**								
	Good	26	65.0	14	35.0	40	100.0	0.674	Not Significant
	Less	7	58.3	5	41.7	12	100.0		
5	**Support for Health Workers**								
	Good	24	61.5	15	38.5	39	100.0	0.618	Not Significant
	Less	9	69.2	4	30.8	13	100.0		
6	**Accessibility**								
	Near	22	73.3	8	26.7	30	100.0	0.225	Not Significant
	Currently	10	50.0	10	50.0	20	100.0		
	Distant	1	50.0	1	50.0	2	100.0		

CONCLUSION

From the above research, it can be concluded that the enabling characteristics of mothers with infants in utilizing neonatal services in the working area of Puskesmas X Surabaya show that the majority of infant mothers have insurance, the family income mostly falls into the low category, and the majority receive support from their husbands, family, and health workers, which is classified as good in utilizing neonatal services. Furthermore, the access to health services is mostly close. The enabling characteristics of mothers with infants have no correlation with the utilization of neonatal services by infant mothers in the working area of Puskesmas X Surabaya.

Based on the related research findings, recommendations that can be given to the Puskesmas X Surabaya specifically include providing communication, information, and education (KIE) regarding knowledge about neonates and neonatal services to pregnant women and mothers of infants, which can be carried out during ANC visits or by creating a separate forum for counseling. Furthermore, healthcare workers who have direct contact with mothers and their infants should continue to provide support in the form of informational support, including managing the hoaxes circulating in the community. Future researchers are expected to provide details about the time periods of neonatal visits for each visit to yield specific results concerning the timing of maternal visits and categorize the visit outcomes based on applicable regulations.

Author Contributions

MDS: conceptualization, formal analysis, funding acquisition, project administration, software, visualization, writing-review and editing; MAA: data curation, investigation, methodology, resource, roles/writing-original draft; NAD: supervision, validation and attribution.

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