

Factors Related To Antenatal Care Demand In Puskesmas Cipondoh Tangerang

Dian Ayu Safitri
College student of Medical
Faculty
UPN Veteran Jakarta
Jakarta, Indonesia
dianayusafitri@gmail.com

Yanti Harjono Hadiwardjo
Public Health Departement of Medical
Faculty
UPN Veteran Jakarta
Jakarta, Indonesia
yantiharjono@gmail.com

Erna Harfiani*
Pharmacology Departement of Medical
Faculty
UPN Veteran Jakarta
Jakarta, Indonesia
erna.hf@gmail.com

Abstract—One of the causes of high maternal mortality was low utilization of Antenatal Care related to service demand from consumers. Demand was submitted to the producer so the producer would give the service, in this case, was the Antenatal Care. This study aimed to investigate the factors related to Antenatal Care demand in Puskesmas Cipondoh Tangerang period 2018. This study was analytical research with cross-sectional design. Sample of this study was 86 antenatal patients in Puskesmas Cipondoh with consecutive sampling technique. This study was analyzed with chi-square and logistic regression test. Chi-square test results showed that there was a relation between age ($p=0.006$; $OR=0.161$; $95\%CI=0.043-0.597$), education ($p=0.001$; $OR=0.179$; $95\%CI=0.061-0.524$), distance ($p=0.004$; $OR=4.286$; $95\%CI=1.534-11.973$), income ($p=0.001$; $OR=4.930$; $95\%CI=1.830-13.284$) and health facilities ($p=0.007$; $OR=4.732$; $95\%CI=1.550-14.446$) with Antenatal Care demand. There was no relation between payment system ($p=0.081$; $OR=7.696$; $95\%CI=0.761-77.831$), pregnancy condition ($p=0.516$; $OR=0.424$; $95\%CI=0.025-7.045$), and labor service ($p=0.516$; $OR=2.360$; $95\%CI=0.142-39.238$) with Antenatal Demand. Logistic regression test results showed that health facilities had the highest odds ratio that was 7.700. The conclusion was Antenatal Care demand in Puskesmas Cipondoh period 2018 was related to age, education, distance, income, also health facilities and not related with payment system, pregnancy condition, and labor service, while health facility had highest influence on Antenatal Care demand.

Keywords: antenatal care, demand, health facilities, puskesmas cipondoh

I. INTRODUCTION

Health services are actually interactions between consumers (service users) and producers (service providers). Improving health services for pregnant women is an essential factor related to the success of health programs, especially in terms of reducing the Maternal Mortality Rate (MMR). MMR is the number of maternal deaths during pregnancy, childbirth and puerperium period caused by pregnancy, childbirth and puerperium period or management but not for other reasons such as accidents, falls, and so forth, in every 100.000 live births. The Indonesian Demographic and Health Survey (IDHS) shows MMR in 2012 amounted to 359 maternal deaths per 100.000 live births and MMR showed a decline to

305 maternal deaths per 100.000 live births in 2015 based on the results of the Intercensal Population Survey (SUPAS) [1].

Banten Province ranked fifth in the highest MMR in Indonesia. MMR in Banten Province in 2012, as many as 569 deaths occurred during pregnancy, 87 deaths occurred during childbirth, and 90 deaths occurred during the puerperium with the number of live births as many as 207.752, while MMR in Banten Province in 2013 increased to 746 people. MMR at Tangerang City in 2012, seven deaths occurred during pregnancy, six deaths occurred during childbirth, and there were no maternal deaths in the puerperium period with 35.875 live births [2].

The policy of the health department to accelerate the reduction of MMR refers to the strategic intervention of the "four pillars of motherhood" that are family planning, antenatal care, clean and safe delivery, essential obstetric services [3].

The high level of MMR has been caused by the low utilization of health services for pregnant women, namely antenatal care. The utilization of health services is related to the demand for health services. Demand for service (demand) is a request that comes from consumers to get the desired service. In this case, the service is in the form of antenatal care. This request is submitted to producers so that producers will provide health services in the form of antenatal services.

Cipondoh Health center is one of the Puskesmas located in Cipondoh District, Tangerang City, Banten Province. The utilization of antenatal care in Puskesmas Cipondoh in 2014 found the number of first visit coverage (K1) was 101.89% and the 4th visit coverage (K4) was 95.92% [4]. In 2015 it was found that K1 coverage was 95.71% and K4 coverage was 95.02% (Health Office, Tangerang City Government, 2016). Whereas in 2016 the K1 coverage rate was 102.31% and K4 coverage was 96.11% [5]. This condition means that there is a decrease in the use of antenatal services by pregnant women, especially pregnant women in the third trimester, which is characterized by lower K4 coverage rates when compared with the K1 coverage rate. The low utilization of antenatal services can occur due to a lack of demand for antenatal services from consumers.

Many factors determine the demand for health services. According to Wirata (2013), the factor of the age group of

young adults has a pattern of demand for health services that is better than other age groups [6]. Distance from home to Puskesmas is essential because distance factors play a significant role in the utilization of health services. The willingness of people to travel long distances depends on the disease, level of service, sociodemography and season and the higher the level of education, the higher the level of health awareness such as disease management and proper health checks [7].

According to Putra (2010), if the cost of services is increasing, the lower the visit for health services and a person with low income will not increase the frequency of visits to health services [8]. According to Damayanti et al. (2017) insurance ownership has a significant relationship with the demand for health services. Health insurance in the form of a health BPJS is reducing the effect of tariff factors as an obstacle to getting health services when sick. The more people covered by health insurance, one of them is the health BPJS, the higher the demand for health services. Based on these problems, it is necessary to research the analysis of factors related to the demand for antenatal care in Puskesmas Cipondoh in 2018 [9].

II. METHODS

A. Study Design

The study design used in this study is descriptive analytic with a cross-sectional approach. The independent variable is antenatal service, age, education, mileage, payment system, income, pregnancy condition, Healthcare facilities, and labor service. The dependent variable is the Antenatal Care demand.

B. Collection of data

The type of data used in this study is primary data. The data collected by using a questionnaire that has been validated and tested for its reliability. The respondent who declared her availability to follow will be signed informed consent research that has included, respondents in survivors to ask and discuss related research previous researchers explains the meaning and purpose of research. This research has certified by ethical approval of The Faculty of Medicine, UPN Veteran Jakarta No.B/1299/IV/2018/KEPK.

a) Population and sample

The population in this study were patients who served in the MCH unit in Puskesmas Cipondoh in the period April - May 2018. The sample in this study was all antenatal patients in the Puskesmas Cipondoh for the period April - May of 2018. Total sample in this study was 86 respondents. The technique used in this study is consecutive sampling The inclusion criteria in this study were patients who performed antenatal care at the Puskesmas Cipondoh for several months of 2018, third-trimester pregnant women. The exclusion criteria in this study were working mother

b) Operational Definition

The measurement results in this study are for age is low and high-risk gestational age, for education is basic education and higher education, for distance is far and near, for the payment system is the insurance system and personal / out of pocket, for income, is below and above the regional minimum salary (RMS), the condition of pregnancy is normal and with complication, for health facilities is complete and incomplete, and for occupational health services is poor and good

c) Data Analysis

Data obtained was analyzed by univariate and bivariate analysis. Univariate analysis was used to obtain a graphic frequency distribution antenatal service, age, education, mileage, payment system, income, pregnancy condition, healthcare facilities, labor service, and Antenatal Care demand. Bivariate analysis was used to analyze the relationship factors related to Antenatal Care demand in Puskesmas Cipondoh Tangerang

III. RESULT

A. Analysis Univariate

TABLE I. FREQUENT DISTRIBUTION OF FACTOR THAT RELATED TO ANTENATAL CARE DEMAND IN PUSKESMAS CIPONDOH TANGERANG AND ANTENATAL CARE DEMAND

Antenatal Care demand	Repondents	Percentage
Low	26	30.20
High	60	69.80
Total	86	100.00
Age		
Low risk	74	86.00
High risk	12	14.00
Total	86	100.00
Level of Education		
Basic education	66	76.70
Higher education	20	23.30
Total	86	100.00
Mileage		
Far (≥ 1 KM)	22	25.60
Close (< 1KM)	64	74.40
Total	86	100.00
Payment system		
Personal / out-off pocket	4	4.70
Insurance	82	95.30
Total	86	100.00
Income		
≥ RMS	28	32.60
< RMS	58	67.40
Total	86	100.00
Pregnancy Condition		
Normal	84	97.70
With complication	2	2.30
Total	86	100.00
Health Facilities		
Incomplete	17	19.80
Complete	69	80.20
Total	86	100.00
Labor service		
Poor	2	2.30
Good	84	97.70
Total	86	100.00

Source : Primary data, 2018

Based on Table 1 above, it can be seen that out of a total of 86 respondents, the majority of respondents had a request for

high antenatal care as many as 60 respondents (69.8%), had a low risk gestational age of 74 respondents (86.0%), had low levels of education, namely 66 respondents (76.7%), had close distance (<1 KM) to reach the Puskesmas, which is 64 respondents (74.4%), used the insurance payment system in the form of health BPJS, which was 82 respondents (95.3%), had <RMS as much as 58 respondents (67.4%), had normal pregnancy conditions, namely as many as 84 respondents (97.7%), thought that complete health facilities were as many as 69 respondents (80.2%), and thought that the service of labor was good as many as 84 respondents (97.7%).

B. Bivariate Analysis

Based on the results of the bivariate test in Table 2, it can be seen that the majority of the respondents who have a low risk of pregnancy have a high demand for antenatal care as many as 56 respondents (75.7%), while most of the respondents who have a high risk of pregnancy have a low demand for antenatal care, namely 8 respondents (66.7 %). The results of Chi-square tests obtained P-value <0.05 which is equal to 0.006. This shows that there was a relationship between age and Antenatal Care demand.

TABLE II. THE FACTOR THAT RELATED TO ANTENATAL CARE DEMAND IN PUSKESMAS CIPONDOH TANGERANG

	Antenatal Care Demand						p-value	OR
	Low		High		Total			
	N	%	N	%	N	%		
Age								
Low risk	18	24.30	56	75.70	74	100.00	0.006	
High risk	8	66.70	4	33.30	12	100.00		
Total	26	30.20	60	68.80	86	100.00		
Education								
Basic education	14	21.20	52	78.8	66	100.00	0.001	
Higher education	12	60.00	8	40.00	20	100.00		
Total	26	30.20	60	29.80	86	100.00		
Distance								
Far	12	54.50	10	45.50	22	100.00	0.004	
Close	14	21.90	50	79.10	64	100.00		
Total	26	30.20	60	29.80	86	100.00		
Payment system								
Personal/ out off pocket	3	75.00	1	25.00	4	100.00	0.081	
Insurance	23	28.00	59	72.00	82	100.00		
Total	26	30.20	60	29.80	86	100.00		
Income								
≥ RMS	15	53.60	13	46.40	28	100.00	0.001	
< RMS	11	19.00	47	81.00	58	100.00		
Total	26	30.20	60	29.80	86	100.00		
Pregnancy Condition								
Normal	25	29.80	59	70.20	84	100.00	0.516	
With Complication	1	50.00	1	50.00	2	100.00		
Total	26	30.20	60	29.80	86	100.00		
Health Facilities								
Incomplete	10	58.80	7	42.2	17	100.00	0.007	
Complete	16	23.20	53	76.80	69	100.00		
Total	26	30.20	60	29.80	86	100.00		
Labor service								
Poor	1	50.00	1	50.00	2	100.00	0.516	

	Antenatal Care Demand						p-value	OR
	Low		High		Total			
	N	%	N	%	N	%		
Good	25	29.80	59	70.20	84	100.00	2.360 (0.142-39.238)	
Total	26	30.20	60	29.80	86	100.00		

Source: Primary data, 2018

It can be seen that most of the respondent who have basic education more likely to have a high Antenatal Care demand, and most of the respondents who have higher education more likely to have a low Antenatal Care demand. Based on Chi-square test the relationship between the level of education with Antenatal Care demand shows p-value as much as 0.001 where $p < 0.05$ so that it can be concluded there was a relationship between the level of education and Antenatal Care demand. And that most of the respondents who have far mileage more likely to have a low Antenatal Care demand, and most of the respondents who have close mileage more likely to have high Antenatal Care demand. Based on Chi-square test the relationship between mileage with Antenatal Care show p-value as much as 0.004 where $p < 0.05$ so that it can be concluded there was a relationship between mileage and Antenatal Care demand. Most of the respondents who used the personal payment system/ out-pocket more likely to have low Antenatal Care demand and most of the respondents with insurance payment systems in the form of health BPJS more likely to have a high Antenatal Care demand. Based on Chi-square test the relationship between payment system with Antenatal Care demand show p-value as much as 0.081 where $p > 0.05$ so that it can be concluded that there was no relationship between the payment system and Antenatal Care demand.

It can be seen too that most of the respondents who have income \geq RMS more likely to have low Antenatal Care demand, and most the respondents who have income $<$ RMS more likely to have a high demand for antenatal care. Based on Chi-square test the relationship between income with Antenatal Care demand show p-value as much as 0.001 where $p < 0.05$ so that it can be concluded that there was a relationship between income and Antenatal Care demand. Most of the respondents who have normal pregnancy conditions more likely to have high Antenatal Care demand and the respondents who have pregnancy condition with complications have the same tendency for low or high Antenatal Care demand. Based on Chi-square test the relationship between pregnancy condition with Antenatal Care demand show p-value as much as 0.516 where $p > 0.05$ so that it can be concluded that there was no relationship between the condition of pregnancy and Antenatal Care demand. Most of the respondents who think that the health facilities are incomplete or the unavailability of one from an ultrasound or laboratory more likely to have low Antenatal Care demand and most the respondents who think that health facilities are complete or the availability of USG examination facilities and most of the laboratories more likely to have high Antenatal Care demand. Based on Chi-square test the

relationship between health facilities and Antenatal Care demand show p-value as much as 0.007 where $p < 0.05$, so that it can be concluded there was a relationship between health facilities and Antenatal Care demand. And the respondents that have poor labor services have the same tendency to have low or high Antenatal Care demand, and the respondent who have good labor service more likely to have high Antenatal Care demand. Based on Chi-square test, the relationship between labor services and the demand for Antenatal Care show p-value as much as 0.516 where $p < 0.05$ so it can conclude that there was no relationship between labour service and Antenatal Care demand at Cipondoh Health Center.

C. Multivariate Analysis

This analysis is conducted to find the relationship between many independent variables with one dependent variable. Look for factors that relate significantly to the demand for Antenatal Care using the Logistic Regression test.

TABLE. III. THE MOST INFLUENCING FACTORS RELATED WITH ANTENATAL CARE DEMAND

No	Variable	p- value	OR	95% CI
1	Age	0.031	0.178	0.037 - 0.858
2	Level of education	0.010	0.172	0.045 - 0.651
3	Income	0.010	4.846	1.469 - 15.991
4	Health facilities	0.004	7.700	1.955 - 30.335

Source : Primary data, 2018

The final result of multivariate analysis showed that the most significant variable with the demand for antenatal care was a health facilities (OR = 7.700; CI = 1.955–30.335) which was then followed by income (OR = 4.846; CI = 1.469-15.991), age (OR = 0.178; CI = 0.037-0.858) and education (OR = 0.172; CI = 0.045-0.651).

IV. DISCUSSION

There is a relationship between age and Antenatal Care demand at Puskesmas Cipondoh. Patients with low-risk gestational age tend to have more demand for high antenatal care by 0.161 times than patients with high-risk gestational age. This can be caused because based on Table 1, it was found that the majority of patients who came to Puskesmas Cipondoh to perform antenatal care were patients with low risk gestational age (20-35 years), that is as much as 86% of total respondents and based on Table 2, it was found that most

of the respondents who had a low-risk of pregnancy had a high demand for antenatal care, which was 75.5%. This is because patients feel that prenatal care is very important to find out if there is a disorder or complications in their pregnancy. This is supported by the results of the study Pongsibidang et al., (2013) which states that respondents with ages 20–35 or low-risk pregnancies will tend to make antenatal care visits more often because they still feel that prenatal care is very important ^[10]. Respondents aged > 35 years tend to be indifferent to antenatal visits because they feel they have had good pregnancy experience. According to Putri et al., (2015), respondents of pregnant women aged < 20 years will lack mental readiness to accept the pregnancy, especially in their pregnancies that do not get support from those around them. This can make a teenager become depressed and indifferent to her pregnancy ^[11].

Rumengan et al., (2015) states that someone who has a high education will have better thinking in processing information, so that it can influence his knowledge in some way, for example in finding a health service^[12]. Therefore, someone with a higher education level will tend to have a high demand for health services. However, this is different from the results of research at Puskesmas Cipondoh, there is a relationship between education and Antenatal Care, patients with basic education levels tended to have a higher demand for Antenatal Care by 0.179 times than patients with higher education levels. Based on Table 1, it was found that respondents with the most recent education level of primary education had a high demand for Antenatal Care (78.8%). This difference can be caused due to the inequality of the characteristics of respondents in this study and previous research. In the study of Rumengan et al., (2015), the majority of respondents who conducted health services were respondents with a higher education level, while the majority of respondents who conducted antenatal examinations at Puskesmas Cipondoh were respondents with a primary education level and most were high school graduates^[12]. This is in accordance with the data obtained by the Tangerang City Central Bureau of Statistics (2016), namely the average length of the school population in Tangerang City only up to high school grade 1. This is what caused this study, respondents with basic education tended to have more demands for Antenatal Care ^[13].

There is a relationship between the distance traveled by the demand for antenatal care at Puskesmas Cipondoh. According to Karman et al., (2016), the closer the distance of residence to the health service center, the greater the number of visits at the service center. Conversely, the further the distance of residence with the health service center, the smaller the number of visits at the health service center ^[14]. This is in accordance with the results of the research at Puskesmas Cipondoh, patients with long distances tend to have lower antenatal care requests of 4.286 or 4 times compared to patients with close mileage. Based on Table 1, the respondents with close distance mostly had demanded Antenatal Care.

can be caused by respondents with lower levels of income choosing pre-primary health services, such as Puskesmas,

According to Budi (2010), there are two health financing systems for patients in Puskesmas, namely direct financing and insurance systems or out-of-pocket financing^[15]. This is in accordance with the results of this study, namely the payment system available at Puskesmas Cipondoh includes a personal payment system and insurance in the form of a health BPJS. The lack and advantages of each payment system make patients consider what payment systems they will use to pay health providers. As stated by Anggriani (2016), one of the causes of payment selection is the ease provided by the government to overcome unequal health access in terms of socio-economic conditions because the payment system is directly sourced from patient funds, while the insurance payment system comes from government funds and funds community with the principle of cross-subsidies ^[16]. For this reason, the public will prefer to pay for health services using the insurance system. In this study showed there is no relationship between the payment system and the demand for antenatal care at Puskesmas Cipondoh. Patients who make personal payments / out of pocket tend to have a lower demand for antenatal care at 7.696 or 7 times compared to patients who use insurance payment systems in the form of health BPJS. Respondents with insurance ownership in the form of health BPJS have a demand for high antenatal care at Puskesmas Cipondoh. This statement is supported by Ilyas (2006) in (Indriyani, 2013) that insurance has a positive effect on the demand for health services, where insurance can increase the demand for health services. In addition, insurance can reduce the effect of service costs which are obstacles to obtaining health services. This is what causes more and more people to be covered by health insurance, so the demand for health services will be even higher. Through health insurance, patients who have cost constraints to get health services can still be able to obtain health services according to their needs ^[17].

There is a relationship between income and demand for antenatal care at Puskesmas Cipondoh. Family income (income) is one of the supporting factors for the implementation of antenatal care visits for pregnant women. Adequate family income will indirectly make it easier for pregnant women to make antenatal care visits, because pregnant women do not think about the funding that must be prepared to make a visit. This is in contrast to pregnant women who have family income in the middle or less category. Pregnant women with limited economy tend to allocate family finances to fulfill their family's basic needs which are considered more important ^[18]. According to Karamelka (2015), family income will be a benchmark for pregnant women to utilize antenatal care. When family income is sufficient, pregnant women will naturally seek better services for their pregnancy ^[19]. Not so with the results of research at Puskesmas Cipondoh, patients with income /RMS (Regional Minimal Salary) tended to have a lower demand for the Antenatal Care of 4.930 or 4 times compared to patients with income < RMS. Based on Table 2, the respondents with income < RMS, most have high antenatal care requests (81%). This

because at a cost that is not so expensive, they can check their health and get medication. Meanwhile, those who have high

income will choose health services with better facilities, such as hospitals ^[20]. Damayanti et al. (2017) added that high-income patients do not like services that drain time due to high activity, so they prefer clinics or private hospitals that are considered capable of serving efficiently ^[9].

The condition of the mother has a relationship with the use of antenatal care because the changes that occur within the mother, coupled with the existence of complaints of illness experienced during pregnancy, will make the mother anxious about her condition, thus encouraging the mother to check her pregnancy for the health service. Complaints that often arise during pregnancy, either because of hormonal changes, push suppression or changes in body shape due to enlargement of the fetus or emotional changes. These complaints often worry about pregnant women, so the role of officers is needed to provide self-confidence to the mother and notify that the mother's condition is normal. If the mother utilizes antenatal care, the complaints that she feels can be overcome, especially maternal anxiety about the condition of the pregnancy, such as providing motivation to the mother to more often utilize antenatal care ^[19]. The more complaints that are felt by the mother, the higher the demand for Antenatal Care because Antenatal Care can be a tool for early detection of high-risk factors, and complications that make the health of the mother and fetus ^[17]. But this is different from the results of this study, patients with normal pregnancy conditions tended to have a higher demand for Antenatal Care of 0.424 times compared to patients with a pregnancy condition that had complications. This can be caused by the majority of respondents in this study were patients with normal pregnancy conditions, so those who have high Antenatal Care demand are patients with normal pregnancy conditions. Whereas based on Table 1, pregnancy with complications only at 2.3% of the total 86 respondents. The low number of patients with a complication can be caused because patients with these conditions have been referred from Puskesmas Cipondoh to the referral hospital. This is because the complications are quite severe. So in this study, there is no relationship between the condition of pregnancy and the demand for Antenatal Care at Puskesmas Cipondoh.

Health facilities are health service facilities used to carry out individual health care efforts, both promotive, preventive, curative, and rehabilitative, carried out by the Government, Regional Government, and / or the community ^[21]. The results of this study indicate that there is a relationship between health facilities with the demand for Antenatal Care at Puskesmas Cipondoh. Nurhidayah (2017) explains that if the facilities of the Puskesmas are adequate, then the community will not be reluctant to prefer treatment to the Puskesmas rather than to other health facilities ^[22]. Meanwhile, according to Ilhamdani (2017), complete health facilities become a benchmark for the community in choosing health services, because of the more complete the health facilities, the more demand for health services by patients ^[20]. According to the study, patients who thought that incomplete facilities tended to have lower antenatal care demand of 4.732 or 4 times compared to patients whose opinion was those complete health facilities. In the patient's opinion, health facilities are said to be complete if they have USG and laboratory facilities.

There is no relationship between labor services and Antenatal Care demand at Puskesmas Cipondoh. Patients who argue that poor labor services tend to have a lower demand for the Antenatal Care of 2.360 or 2 times compared to patients who think that labor services are good. One of the poor labor services can be caused by the fact that many village midwives who have been sent to the villages do not have work experience, so they have not been able to provide maternal and child health services, especially Antenatal Care optimally and in accordance with the standards set by the government. It causes patients to feel that the service provided is not good. According to Heron et al. (2017), it is known that the better the services provided to mothers, the better utilization of antenatal care will be because in terms of utilization of antenatal care, the most important thing is the provision of good and appropriate antenatal care services. This causes pregnant women to always visit the utilization of antenatal services to the Puskesmas on a regular basis because the quality of services to pregnant women is good and can improve health for pregnant women, especially pregnant women who often use Antenatal Care ^[23].

The results showed that there were four variables that had a significant relationship with the community demand for Antenatal Care in Puskesmas Cipondoh: age, education, income, and health facilities. There is a significant relationship between income and health facilities with a demand for Antenatal Care at Puskesmas Cipondoh. Based on the results of the multivariate test, it was found that health facility variables had the highest OR values then followed successively by income, education and age variables. These results indicate that health facilities are the most dominant variable associated with the demand for Antenatal Care at Puskesmas Cipondoh. Based on the results of the analysis, it was found that the health facility variable had an OR value of 7.700. The OR value of health facility variables shows that antenatal patients who think that a complete health facility in the form of available ultrasound and laboratory facilities has an opportunity of 7.700 or 7 times greater demand for antenatal care in Puskesmas Cipondoh. The reason for respondents was that the health facilities at Puskesmas Cipondoh were incomplete because respondents felt that laboratory tests were not available. Respondents who stated that laboratory examinations were not available were respondents who visited the Puskesmas Cipondoh less than 3 times, possibly the respondents had not yet conducted an examination in the laboratory so she did not know that in the Puskesmas Cipondoh there was a laboratory, this was what allowed respondents to state that there was no laboratory in Puskesmas Cipondoh.

Health facilities are health service facilities that are used to carry out individual health care efforts, both promotive, preventive, curative and rehabilitative carried out by the government, regional government, and/or community ^[2]. The availability of facilities is one of the factors that can encourage and motivate people to utilize health services or treatment efforts. However, if a health service does not have complete facilities, the community will choose a more complete place / hospital. Health facilities that are

increasingly complete become a benchmark for patients in choosing health services, because complete health facilities will cause many patients to request health services. Ratnasari (2012) states that a person's behavior in obtaining a health service place is also influenced by enabling factors in the form of availability or unavailability of health facilities. A large number of respondents said that the Puskesmas had good facilities and made it a place of health care because the Puskesmas had been supported by complete infrastructure. Participants choose the Puskesmas, most likely because the Puskesmas had One-gate services, so that by visiting the Puskesmas all participant's basic health services could be fulfilled [24].

Improvement of facilities, in the form of infrastructure, can prevent obstacles in providing quality health services. Through the improvement of facilities and infrastructure, it is expected that health services can be able to anticipate various technical obstacles in the field faced by patients in obtaining quality services. Facilities related to the physical appearance of health facilities. Comfort, cleanliness, tidiness, completeness of the examination equipment and the variety

that facilities have the greatest influence on the utilization of health services (OR = 0.331)^[25]. This means that the patient's assessment of adequate service facilities will result in patients taking advantage of hospital services 0.331 times greater than if the patient evaluates to poor service facilities. Just like the research conducted by Sugiono et al., (2013) which explained that based on Chi-square statistical test analysis, obtained P-value = 0.018, so it was proven that there was a significant relationship between facilities with interest in reusing inpatient services [28].

V. CONCLUSION

The Antenatal Care demand in Puskesmas Cipondoh, Tangerang, period 2018 was related to age, education, distance, income, also health facilities and not related with payment system, pregnancy condition, and labor service. While health facilities had a significant relationship and the highest influence on Antenatal Care demand (OR = 7.700; CI = 1.955–30.335)

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of drugs provided are important factors to attract patients who can guarantee the continuity of treatment [25]. Means are another element that is considered to influence the use of health services because it affects the length of the waiting time in receiving the desired health services. Through the availability of facilities, the waiting time will be more pleasant. Means are medical devices used by Puskesmas in providing health services to overcome the problems faced and the variety of drugs provided is an important factor to attract patients who can guarantee the continuity of treatment [26].

In addition to being able to influence patients to increase demand for health services, complete health facilities can also improve the performance of Puskesmas in conducting examinations to patients and is a necessity for the referral process due to the limitations of these facilities. If the facilities that support health care are not complete, the diagnosis of the patient will be disrupted. This will reduce patient satisfaction with the services provided. Patient satisfaction is less certain to influence the low utilization rate of health services [27]. The results of this study are in line with Amiruddin et al., (2011) which states

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