

Original Article

Community Behavior in The Use of Jampersal in Jember Regency (Phenomenological at Puskesmas Gladak Pakem and Puskesmas Mumbulsari)

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ABSTRACT

Based on data on the high maternal mortality rate in Jember from 2016-2020 and the lack of utilization of Jampersal in Jember district. This study aimed to determine the predisposing characteristics in the utilization of jampersal in Jember Regency among postpartum women. This study used qualitative research with a phenomenological approach conducted in Jember Regency. Thirty-four research subjects were obtained from the general population of Jember Regency, consisting of maternity women and married men aged 18-45. Research data collection with in-depth interviews. Data analysis using Interpretative Phenomenological Analysis technique. Triangulation of sources was used to obtain the validity of research data. The results showed high predisposing characteristics were associated with jampersal utilization in postpartum women based on demographic, cultural, knowledge, and perception perspectives. The demographic perspective found differences in the selection of health facilities in urban and rural areas. Furthermore, from a cultural perspective, it was found that the practice of traditional birth attendance was related to beliefs. The knowledge perspective found that good knowledge can be optimized in the early detection of emergencies. Furthermore, it was found that there was a misperception in the community when managing the Jampersal requirements. Future researchers need to examine other aspects related to the Jampersal program.

Keywords: Public Cultural, Jampersal, Maternal Health Services.

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INTRODUCTION

The breakthrough efforts made by the Indonesian government as a commitment to accelerate the achievement of SDGs, one of which is launching a maternity insurance program (Jampersal) in 2011 with funds amounting to Rp.1.223 Trillion. The SDGs goal of good health and well-being ensures healthy lives and promotes prosperity for all ages¹. The Jampersal program aims to: (1) increase the coverage of pregnancy check-ups, delivery

assistance, and postpartum services by health workers; (2) increase the coverage of newborn services by health workers; (3) increase the coverage of postpartum family planning (KB) services; (4) increase the coverage of handling complications of pregnant women, delivery, postpartum, and newborns; and (5) the implementation of efficient, effective, transparent, and accountable financial management².

According to data from the Jember District Health Office, the absorption of Jamkesmas. Jampersal funds by all puskesmas in Jember District in 2020 amounted to Rp. 7,796,438,250, or 69.19% of the total Jamkesmas. jampersal funds of Rp. 11,268,362,000. The coverage of maternal services in Jember District, from 2020 to 2022, is reported to have increased for the coverage of pregnant women's services, delivery by health personnel, and fetal care services. However, the increase in coverage was not followed by a significant decrease in the number of maternal death cases. The increase in the number of deaths in Jember Regency, when viewed based on the time of death, occurred during childbirth or maternal death cases actually increased in 2020. Maternal deaths in 2020 amounted to 174 cases compared to 133 cases in 2019³.

Other factors that influence the timely utilization of jampersal services are at the time of delivery⁴. Maternal health status is not only related to health services and health insurance provided by public and private organizations, but also to a woman's ability as a mother including her education, environment, and culture⁵. Barriers to timely access to maternal health services include: (1) level of knowledge about pregnancy, childbirth emergencies, and maternal health insurance; (2) socio-cultural factors/beliefs, including family decision-making culture and trust in the ability of health providers; (3) distance and travel time to reach health services; (4) transportation, including the availability of vehicles to reach health services; (5) cost, including the cost of delivery, transportation, and food while in the hospital. This is because distance and time are considered indirect costs that often increase the cost of accessing maternal health services even when free maternal health services are officially provided⁶.

The people of Jember District have diverse cultures. This cultural diversity allows for different perspectives and knowledge about maternal health. This study aims to examine the perceptions, knowledge, and culture of the community in Jember District towards maternity insurance and its utilization, especially during childbirth and emergencies.

METHOD

This research was conducted in Jember District, East Java. Jember District was chosen

as the research location due to several reasons: a) maternal deaths amounted to 174 cases, b) the community comes from various tribes (Javanese, Madurese, Osing, Pandalungan), c). transportation is easily accessible by researchers, d). The majority of people live in the agriculture, plantation and fisheries sectors.

This study is included in qualitative research, where the approach used is phenomenology, referring to previous research⁷. Qualitative research involves researchers so that they will understand the context with the situation and the setting of natural phenomena according to what is being researched⁸. The phenomenological approach focuses on the subjective meaning of objective reality in the consciousness of people who live their daily life activities⁹.

In-depth interviews carried out data collection in this study. In-depth interviews are used to deepen the main issues and examine interpretations¹⁰. Interviews were open-ended using interview guidelines, and voice recordings were saved using a smartphone. 34 research subjects were obtained from the general population of Jember Regency, consisting of maternity women and married men aged 18-45 years. Determination of subjects in this study was carried out by purposive technique, where the number of subjects in this study was based on data saturation. The inclusion criteria of the subjects include a) postpartum women who use jampersal when giving birth using trained personnel, b) non-jampersal postpartum women when giving birth using trained health workers, c) mothers with limited education who give birth in health services with jampersal and are referred, d) mothers during the postpartum period with the help of traditional birth attendants, e) willing to agree to inform consent. The information obtained in this study is predisposing characteristics consisting of aspects of demographic structure, culture, knowledge, and perception.

The data that has been obtained is transcribed and analyzed. Data analysis in this qualitative research uses interpretative phenomenological analysis (IPA)^{9,11}. The IPA approach aims to explore the meaning of events experienced by the subject from experiences that have been experienced¹². The concept of IPA is that the researcher lives the experience or meaning of the facts in the subject's experience of the research¹³.

The credibility of the data obtained in this qualitative research concerns researchers. The source triangulation method is used for the internal validity of the data obtained ⁷. The triangulation process involves collecting information through in-depth interviews with significant or supporting informants and then checking it with observation using an observation sheet ¹⁴. In qualitative research, data validity tests include the Credibility Test (internal validity), Transferability (external validity), Dependability (reliability) and Confirmability (objectivity) ¹⁵.

RESULTS

This study obtained 34 subjects with the purposive technique, and the data obtained from these subjects had reached saturation. The characteristics of the research subjects are shown in Table 1.

Table 1. Characteristics of Research Subjects

Research Subject	Total
Main Subject	
Criteria:	
- Jampersal maternity mothers	2 people
- Non-Jampersal maternity mothers	3 people
- Maternity mothers in shaman	2 people
- Jampersal maternity mothers and referred	2 people
- Jampersal maternity mothers and referred	5 people
- Jampersal maternity mothers and referred	1 people
Significant Other	
- Father (Male, 18 - 45 years old, married, not the spouse of the postpartum respondent)	2 people
- Father with postpartum mother died	2 people
- Father with postpartum mother died	2 people
- Father with postpartum mother died	5 people
- Parents/in-laws living in the same house	
- Baby Shaman	
- Jampersal program manager	
- Doctor	
- Midwife Coordinator of MCH Clinic	
- Cadres	
Ethnicity :	
- Madurese Tribe	18 people
- Javanese Tribe	16 people

Education :

- Elementary School	7 orang
- Junior High School	12 orang
- Senior High School	10 orang
- College	5 orang

Predisposing Characteristics in Jampersal Utilization

High predisposing characteristics related to the utilization of the Jampersal program are based on four aspects including: 1). demographic structure aspect, 2). cultural aspect, 3). knowledge aspect, and 4). perception aspect ¹⁶.

1. Demographics in Jampersal Utilization

Respondents' views on pregnancy were divided into two groups, namely (1) rural groups who considered pregnancy a natural or normal condition and (2) urban groups who considered pregnancy a different condition from conditions without pregnancy. This study was conducted at Puskesmas Mumbulsari, a rural area, and Puskesmas Gladak Pakem, an urban area. The absorption of the Jampersal program in urban areas, namely Puskesmas Gladak Pakem, is higher than in rural areas, namely Puskesmas Mumbulsari.

2. Culture of Jampersal Utilization

These views on pregnancy and puerperium influence the choice of place and birth attendant. Respondents from rural groups who considered pregnancy natural or normal conditions preferred TBAs. The reasons for this are that traditional healers are considered more painstaking than midwives, traditional healers are cheaper, mothers can give birth at home and pregnant women refuse to be told that their pregnancies are problematic by midwives. Meanwhile, respondents from the urban group who considered pregnancy unusual preferred midwives or health workers for ANC (antenatal care) and used jampersal when giving birth Table 2.

Table 2. Reasons for choosing a midwife or traditional birth attendant for delivery

Reasons for choosing a midwife	Reasons for Choosing a Shaman
Shaman's ability is limited	Shamans are more painstaking
"I am afraid. Because if there is anything during childbirth like bleeding, the traditional healer cannot handle it." (Bulin jampersal-referred, 32 years old, junior high school, Gladak pakem)	"Yes, I was massaged, yes, I was waited on. Even though the baby is screaming, it is left alone." (TBA, 50 years old, elementary school, Gladak Pakem)
Educated and experienced midwives	Shaman are cheaper
"Midwives have gone to school...they are experienced." (Bulin health worker-non jampersal, 25 years old, junior high school, Gladak Pakem)	"If you have 10 [10,000] after giving birth, you give 10 [10,000 to reward the traditional healer]." (In-depth interview, father)
	Can meternity at home
	"I [Midwife] take comfort at home. While watching the child]." (Bulin dukun, 30 years old, junior high school, Gladak Pakem)
	The pregnant mother refused to be told that her pregnancy was problematic by the midwife.
	"When she was pregnant. Being told by the midwife that she was at high risk, she was afraid to visit the midwife again. She goes to a traditional healer." (Jember District Health Office staff)

This study found that the decision-makers in the family are very diverse, namely the husband, wife, parents, in-laws or extended family. Several factors were found in this study that determine the decision maker: the independence of a family, ethnicity, the status or position of the husband/wife in the family, and the age of the pregnant wife/mother.

Families with independent husbands and wives are more free to decide on their birth attendants. Whereas those who still live with parents and in-laws, the decision is still determined by the in-laws. Long negotiations to agree on a referral are common in Madurese families.

"Madura it is. Yes, rembugan [negotiation] first. Rembugan kari suwi [negotiation for a long time])...this one wants to bring it quickly. Sik rembugan [still negotiating] this and that...even though there is already jampersal." (Subject 15, 50 years old)

3. Knowledge in Jampersal Utilization

Researchers found that people who were late in realizing the signs of puerperal emergencies were generally those who considered the puerperium as a normal thing, so when midwives or health workers informed puerperal women, their husbands, and families that there were signs of puerperal emergencies that required referral to advanced health services, they did not immediately respond well to the information. They preferred to go to traditional healers, even though health workers had also explained that the cost of treatment would be covered by jampersal. As revealed by subject 2 as follows.

"She [the mother] is pregnant with high risk and has been told... "mom, it will be very dangerous if you give birth at home, especially if a traditional healer helps you. The mother, her husband and family should prepare themselves to be referred to the hospital with the costs covered by Jampersal." But with conditions like this, they run to the traditional healer again when signs of labour occur. That's why there are still deaths of mothers who traditional healers help. The officers have done their best." (Subject 21, 54 years old)

This study found that the jampersal program reduced community trust in traditional healers and increased trust in midwives or health workers. However, the jampersal program has not been able to bridge social barriers between midwives or health workers and the community. Midwife respondents suggested that the jampersal program could not

overcome the community's low knowledge of childbirth emergencies and the importance of immediate referral to the most appropriate health service.

4. Perceptions on Jampersal Utilization

Respondents from the healthcare group and the PKK activist team in in-depth interviews stated that the community was happy to use the jampersal program because it was not restricted to certain groups. Unpleasant experiences when using previous health insurance such as jamkesmas can lead to unfavourable perceptions of subsequent health insurance including jampersal. Lengthy procedures and the need to give money to administrative staff to speed up the process are the main causes of their difficulties in utilizing health insurance. Subject 3 expressed this as follows.

"Sometimes you have to go to the village hall...to sign. Going to the puskesmas to refer, it's still difficult. It depends on the village officials, Mbak. If there is no tip, sometimes it is not done quickly." (Subject 22, 45 years old)

DISCUSSION

Predisposing Characteristics in Jampersal Utilization

Different predisposing characteristics about pregnancy, childbirth and postpartum care create gaps in the uptake of Jampersal. This finding is in line with research showing that maternal health status is also related to demographic factors, culture, knowledge and perceptions.

a. Demographic Structure in Jampersal Utilization

Based on the research that has been conducted, the community's awareness to check themselves and the baby after giving birth to a midwife or health worker is strongly influenced by the understanding of the postpartum condition itself. As the results obtained, the Madurese are more likely to go to traditional healers than the Javanese. This is because the understanding itself is influenced by the strong belief of the Madurese in the traditions that are still believed. This finding is supported by

Yuliyani's research which shows that maternal health status is also related to the mother's own education, environment and culture ¹⁷.

From the results of the study it was also found that in some communities decision making is still influenced by prevailing cultural values, where there are factors that influence these conditions, namely ethnicity factors (Madurese in Jember Regency generally involve extended family in decision making) and factors of husband-wife independence (living with parents / economically dependent). Suppose you look at the belief or culture that is still strong, especially in the Madurese community in Jember Regency. In that case, it is very necessary to have a counselling process aimed at this community/group of poor people who need jampersal assistance the most.

b. Culture in Jampersal Utilization

The existence of a tendency to tradition, such as more trust in traditional healers and the assumption that pregnancy and childbirth are natural or normal conditions, as well as a culture of decision-making that is less favourable to the authority of pregnant women/maternity, is very unfavourable for programs to improve maternal health status. There is a diversity of perspectives on postpartum conditions found in this study related to the support provided by husbands, parents, and families, to postpartum women. The results showed that support or assistance to postpartum mothers/wives was not obtained from community groups who considered the postpartum period as a normal condition. This is in line with the research of Kurniasih et al. (2021), which shows that the postpartum period is often considered a normal, natural process after childbirth, so many do not seek maternal health services because they do not know that there are postpartum problems ¹⁸.

c. Knowledge in Jampersal Utilization

The postpartum period is a risky period and needs special attention to avoid conditions that can threaten the mother's life. The best way to avoid risk is to provide fast and appropriate health services, especially during emergencies. As mentioned in the specific objectives of the jampersal program, the jampersal program aims to increase the coverage of assistance by health workers ¹⁹.

This study found that people still trust

traditional healers more than midwives or health workers¹⁷. The results of the study showed four main reasons for maintaining the tradition of going to traditional healers, namely that traditional healers are considered more painstaking, cheaper than midwives, treatment can be done at home, and refusing to be said to be serious by health workers. The helper's painstakingness, patience, and emotional closeness are indeed very helpful for mothers through the postpartum period¹⁹.

d. Perceptions of Jampersal Utilization

Generally, their perception of jampersal is that it is a free or cheap maternal and child program from the government and is intended for all groups of society. Financial reasons encourage them to take advantage of the jampersal program.

The misunderstanding that occurs in the community about the jampersal program is an indicator of disharmony in coordination between the health sector and local government to communicate the use and benefits of the jampersal program²⁰. Based on the results of this study, health professionals, as well as local government at the lowest level, should use every opportunity to promote the use, understanding and benefits of health insurance to the community. The limitations of this study is, this study could not measure the amount of community behavior in the utilization of jampersal. The research site was limited to two puskesmas, namely umbulsari puskesmas and gladak pakem puskesmas and the theoretical approach is limited to Anderson's theory.

CONCLUSION

Predisposing factors based on aspects of demographic factors, behavioral factors, knowledge factors and perception factors are related to the utilization of Jampersal in Jember District. The community did not utilize Jampersal due to lack of socialization and occurred in mothers with low education levels. The lack of maternal knowledge about Jampersal, symptoms and signs of labor and safe delivery led to delays in decision-making to deliver at health facilities. There are differences in decision-making in rural areas determined by parents while in ordinary areas determined by husbands, labor generally takes

place in the parents' home.

Enabling factors based on aspects of access to facilities and infrastructure related to the utilization of Jampersal in Jember district. This study found that distance and availability of transportation were not the main barriers to using the Jampersal program.

Need factors based on perceived needs at the time of delivery emergencies related to using Jampersal in Jember District. This study found the inability of Jampersal to eliminate the economic burden that the community must bear as a whole related to pregnancy and childbirth because the costs that need to be incurred are not only the costs for the delivery process, but also other costs after childbirth, and the costs of supporting family members who are left behind.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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