

Factors that Influence Mother Participation in Making Decision of Infant Health Care in South Central Timor Regency

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Abstract

Utilization of infant health care in South Central Timor regency was still low. One of the factors influencing low utilization of infant health services was low mother participation in decision making at household level. The purpose of this study was to determine the factors that influence mother participation in decision making of infant health care in South Central Timor. This study applied cross sectional study design, with a sample of 280 individuals. Data were collected through interviews using questionnaire, while analysis was done using multivariable logistic regression. The results indicated that decision-making of infant care positive influenced by living with mother-in-laws, having paid work, getting state-registered marriage, and having a relatively high level of education. Therefore it is advised to empower mother to work to generate more income in order to sustain the economy within the family and to increase mother participation in decision making of infant care.

Keywords: Decision making, Infant health care, Mother participation

I. INTRODUCTION

Health care is a very important determinant of population health (Harrington et al., 2012). Access to basic health care is essential to ensure that individuals, especially infants, can obtain the necessary health care. Utilization of infant health care could be seen from coverage of infant visits.

South Central Timor had a low percentage of coverage of infant visits. Within five years, from 2009 to 2013, there was a 33.3% decline. Although in 2014, infant visits showed an increase to 75.6% (Health Department of TTS Regency, 2015), but this figure was still far below 92.9% coverage of infant visits in Indonesia (Ministry of Health Republic of Indonesia, 2015).

South Central Timor holds a heavy patriarchal culture. Decision-making in the household is mostly done by the husband (Martianto et al., 2008). The wife cannot make her own decisions about her child's health (Febriany et al., 2010). Strong dominance of mother-in-law and male (husband) in the family in South Central Timor (Sriprahastuti, 2014) provides wives lesser role in decision-making.

Several studies have shown that decision maker in health care utilization is one of the factors that influence the utilization of infant health services. Having the authority to make decisions can improve the utilization of postnatal care (Tesfahun et al., 2014). Conversely, the limitation of mothers in making decisions is one of the factors that inhibit the utilization of infant health services (Sharkey et al., 2011). The purpose of this study was to find out factors that influence mother participation on decision making concerning utilization of infant health care in South Central Timor in order to find strategies to improve the utilization of infant health care in the regency.

II. METHODS

This study was conducted in the South Central Timor Regency in year 2016. A total of 17 villages with 280 respondents were included in this study. Informed consent was obtained from each participant. The interview was used to collect data from respondents. Data analyzed using multivariable logistic regression to generate odds ratios (ORs) and confidence intervals (95% CIs). Ethical clearance for this study was obtained from Health Faculty Research Ethics Committee at the Airlangga University.

III. RESULT

Table 1 informs that age and mother's income did not correlate with mother participation in making decision of infant care. Whereas education, employment, marital status, and living with mother-in-laws were found to correlate with mother participation in making decision of infant care.

Table 1. Analysis of women's participation in decision making

Variables	Participation in decision making				Total		P Value	OR (95% CI)
	No		Yes		f	%		
	f	%	f	%				
Age of mothers								
<20 and >35 years	6	20.7	23	79.3	29	100	0.216	0.558
20-35 years	80	31.9	171	68.1	251	100		(0.218-1.423)
Mother's education								
Low	54	38.3	87	61.7	141	100	0.006*	2.075
High	32	23.0	107	77.0	139	100		(1.233-3.494)
Mother's occupation								
Housewife	85	32.8	174	67.2	259	100	0.007*	9.770
Employed	1	4.8	20	95.2	21	100		(1.290-4.023)
Average monthly income of mother								
Low								
High	85	30.7	192	69.3	277	100	0.921	0.885
	1	33.3	2	66.7	3	100		(0.079-9.898)
Marriage status								
Unregistered marriage	48	49.5	49	50.5	97	100	0.000*	3.738
State-registered marriage	38	20.8	145	79.2	183	100		(2.190-6.381)
Lives with mother-in-law								
Yes	26	70.3	11	29.7	37	100	0.000*	7.209
No	60	24.7	183	75.3	243	100		(3.362-15.460)

Notes: OR=odds ratio, 95% Confident interval; *p<0.05

Table 2. Multivariate analysis model of women's participation in decision making

	Sig.	Exp(B)	95% CI for Exp(B)	
			Lower	Upper
Mother's occupation	0.029*	10.956	1.269	94.554
Marriage status	0.000*	3.833	2.111	6.961
Lives with mother-in-law	0.000*	12.172	4.929	30.059
Mother's education	0.001*	2.948	1.554	5.595
Constant	0.000*	0.000		

Notes: 95% Confident interval; *p<0.05

Table 2 informs that education, employment, marital status and living with mother in-laws were found to influence mother participation in making decision of infant care. Mothers who had higher education, had a paid work, got a state-registered marriage, and lived separately with mother in-laws had a larger role in making infants care decisions. Living separately with mother-in-law and having a paid work provided the greatest influence on the mother's role. The possibility for women who lived separately with mother in-laws to participate in decision-making in infant care was 12.172 times greater when compared with the mother who lived with her mother-in-law. Whereas the likelihood of mothers who had paid work to participate in decision-making of infant care was 10.956 times greater when compared with mothers who did not have paid work. Although education also influenced the participation, the effect was the lowest among other variables. The likelihood for mothers who had higher education to participate in decision-making of infants care was 2.948 times greater when compared with mothers who had lower education.

IV. DISCUSSION

Mother's age was found to have no influence on mother participation in decision making of infant care. When recently married, a young woman generally will perform housework under the supervision of her mother-in-law. Mother-in-law acts as a decision maker and supervisor of this newly married woman. Mother-in-law also plays an important role in helping the mother nurture and care for the infants. As time went on, this influence began to diminish. Because maternal age distribution in the study sites was not different in number, the influence of age on decision making did not prove to be significant. This is in contrast to the results of research by Senarath and Gunawardena (2009), which states that in Nepal, Bangladesh and India, the increase the women age, the more autonomous the household decision is. They related to the culture of living in the same house with their in-laws.

Mothers living with mother-in-law were found to have low participation in decision-making of infant care. Even the possibility of women living separately with mother-in-law to participate in making decision concerning infants

care was 12.172 times greater when compared with mothers living with mother-in-law. This was because mother who lived separately with the nuclear family, would have a central role in management household. Thus her involvement was much greater in household management and decision-making when compared to mothers living with extended family (Mahmud, Shah, and Becker, 2012). This finding is in line with findings from Bloom, Wypij, Das Gupta (2001) which states that the power of decision-making depends on not staying with mother-in-laws, and having a good relationship with the family. Mostly, when mother live with mother-in law, their autonomy may be negatively affected. Mother who do not live with their mother-in-laws and have a good relationship with the family, will have a higher involvement in decision making.

This finding differs from Nigatu et al. (2014), which state that mother in nuclear families are less likely to be autonomous in participating and making decisions. This may be related to the nature of the people added to the family. She will relate to her mother-in-law in many ways and will support the decision-making process done by her mother-in-law.

In addition to living with mother-in-laws, marital status also influenced participation in decision-making of infant care. Getting marriage unregistered by the state due to various matters (e.g not resolving customary affairs), was more likely to receive less favorable treatment when compared to mother who had her marriage registered by the state. Besides mother with registered marriage were more self-confident, and rewarded by the family, making them more involved in decision-making.

Related to education, this study found that the higher the mother's education, the greater the participation in household decision making. Highly educated mothers were more likely to take part in decision making. Education was a valuable input to foster self-confidence and develop capability to make health-related decisions (Workineh dan Hailu, 2014). Therefore, it was possible that educated mothers were able to influence the decision-making of their husbands or mother-in-laws, as well as to introduce innovative ideas in decision-making, especially regarding the value of skilled health care (Furuta and Salway, 2006; Archarya et al, 2010).

Communication skills between husband and wife were important to enhance the role of wife in decision making in the household. This study is consistent with the results of research from Ramu (1988), Bloom (2001), and Mahapatro (2012), which states the higher the education, the higher the decision-making power that is owned.

The study also found that participation in paid jobs enhances women's ability to make decisions. In fact, the likelihood of mothers who have paid work to participate in decision-making babies care was 10.956 times greater when compared to mothers who do not have paid work. Nevertheless, the size of the mother's income did not affect the participation of mothers in decision making. Working on paid jobs provides a source of income, fosters mother trust, and can potentially increase networks, which in turn can increase bargaining power in the home (Rammohan and Johar, 2009). In addition, paid work appears to empower married women to develop a mindset regarding participation in decision making (Archarya et al, 2010).

Ramu (1988) and Mahapatro (2012) states that mothers who have paid jobs have greater authority in decision making compared to mothers who work in domestic households. Anderson and Eswaran (2009) also states the same, ie mothers who work on paid jobs are more autonomous than those who work on family farms (and are not paid).

V. CONCLUSION

Many factors provide influence on mothers' participation in making decision in household including infant care. This study found that mother who did not live with mother-in-law and who had paid jobs had a positive influence on higher participation in making decision of infant care in South Central Timor. Therefore, empowering mother to work and having ability to communicate is necessary for mother to have self-confidence to be able to participate in infant care decision-making as well as in other areas within household.

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