Maternal Health Accessibility in Tangerang District Banten, 2006. Indonesia has developed many programs to reduce maternal death, which is beliefs related to access to maternal care, but still only limited pregnant women have access to health facility. This research tried to show which variables that contribute the decision to utilize the maternal health care. Using secondary data from survey “Kinerja Pelayanan Kesehatan berdasarkan Indikator Kabupaten Tangerang Sehat 2010”, conducted in 2006, by the Health District Office, Kabupaten Tangerang-Banten. Maternal health utilization was consisted of complete antenatal care (ANC) examination, and delivery attended by professional birth attendance. In term of the ante natal care (ANC), 97.6% of the respondents had at least one time ANC to the health personnel, and 85.7% to the midwife. Complete ANC and at least 4 times meet medical personnel (K4) was 52.5%. Delivery by professional health attendance was around 80.3%, and 70.7% of the delivery were obtained in the health facility. Maternal health utilization is explained by variables ATP (ability to pay) from economic accessibility, and from the social accessibility by knowledge of ANC, knowledge of risk from the pregnancy, risk of giving birth and the involvement in decision making process to choose service delivery, but there was no physical accessibility could explained the utilization difference. Multilevel analysis proved that there was a random intercept from level I to level II, with MOR=2.13. It means there was a difference in median of OR in the level I to level II. The difference can be explained by the supply factor, which is measured by midwife ratio to 10.000 population, with IOR (0.24 – 4.16). Since the variation of IOR exceeded 1, it means the variation among the sub-district is relatively bigger than the contextual variable (midwife ratio). Still this research could explain that midwives were playing the very important role in maternal health accessibility in district level.

Keywords: utilization in maternal health services, physical, economy and social accessibility