

Journal Educational of Nursing (JEN)

Vol. 5 No. 2 – July – December 2022; page 82-86

p-ISSN: 2655-2418; e-ISSN: 2655-7630

journal homepage: <https://ejournal.akperrspadjakarta.ac.id>

DOI : [10.37430/jen.v5i2.147](https://doi.org/10.37430/jen.v5i2.147)

Article history:

Received: May 27th, 2022

Revised: June 22th, 2022

Accepted: July 29th, 2022

Factors Affecting the Low Delivery by Health Workers in Ciakar Village, Tangerang Regency

Rosmiati¹, Aulia Hervi Anggraini², Widi Sagita³

Public Health Study Program STIKes Bhakti Pertiwi Indonesia, Jakarta-Indonesia

e-mail: rosmiati55@gmail.com¹, rauliahervianggraini@gmail.com²

Abstract

The high maternal mortality rate in Indonesia is caused by 32% of births being assisted by traditional birth attendants. Delivery assisted by medical personnel is closely related to efforts to reduce infant mortality and maternal mortality. Even though the movement is slow, it definitely shows improvement compared to those who are assisted by non-medical personnel (midwife). The purpose of this study was to determine the relationship between attitude and the selection of birth attendants for pregnant women in Ciakar village, Tangerang district. The research method used is the analytical method. The population and sample of the study were 68 pregnant women. Data analysis with univariate and bivariate analysis. The results of univariate analysis, pregnant women based on the selection of birth attendants (52.9%) showed that the majority of pregnant women chose non-health workers, pregnant women based on their attitudes towards the selection of birth attendants (73.5%) showed that the majority of pregnant women have a disapproving attitude towards the selection of birth attendants with health workers. The results of the bivariate analysis showed that there was a relationship between attitudes and the selection of birth attendants for pregnant women (P=0.001).

Keywords: Maternal Mortality Rate, Childbirth, Health Workers

Introduction

Pregnancy, childbirth and postpartum are complex problems. One of them is childbirth which has problems in psycho-socio-culture, health services, economic level, education level so that it requires special attention^{1,2}. The government and the community are responsible for ensuring that every mother has access to quality maternal health services, starting during pregnancy, delivery assistance by trained health personnel, and postnatal care for both mother and baby, special care and referral if complications occur

and access to family planning (Family Planning)³.

The choice of place to give birth and birth attendants that are not appropriate will have a direct impact on the health of the mother. Until now, maternal mortality and mortality rates are still a serious health problem in developing countries. The World Health Organization (WHO) stated that in 2015 worldwide there were an estimated 303,000 maternal deaths or around 216/100,000 live births (KH)⁴. Mortality and morbidity in pregnant and giving birth women is a big problem in developing countries, because maternal

deaths occur mainly in developing countries by 99%.

Indonesia is one of the countries included in developing countries. Indonesia is now even included as one of the 10 largest contributors to maternal mortality in the world, where these 10 countries contribute around 59% of all maternal deaths in the world⁴. Nationally, the Maternal Mortality Rate gradually decreased from 4,999 in 2015 to 4,912 in 2016 and in 2017 there were 1,712 cases of maternal death⁵.

Pregnant women who have experienced signs of labor are given the freedom to ask for help from health workers who provide delivery services, namely *pustu*, *polindes/poskesdes*, health centers, maternal mortality homes and even some people like *dukun beranak* to help with their deliveries⁶. However, pregnant women who live in urban areas prefer to give birth in modern, better health facilities such as Maternal Mortality Units. This, of course, is caused by several influencing factors⁷.

The most ideal place for delivery is a health facility with equipment and personnel who are ready to help whenever complications occur. At least in health facilities such as *Puskesmas* that are able to provide Basic Emergency Obstetrics and Neonatal Services (PONED). It is understood that not all *Puskesmas* are capable of providing these basic services, at least when mothers give birth at the *Puskesmas* there are staff who can immediately refer if complications occur⁸.

Midwives are one of the health workers who have an important and strategic position, especially in reducing maternal mortality and infant mortality. Traditional birth attendants assist midwives in midwifery services, especially delivery assistance. This partnership between midwives and *paraji* is to establish harmonious cooperation

aimed at realizing the same view, to improve the health of mothers and children.

The number of maternal deaths during childbirth in Tangerang Regency last year reached 15 people out of 1,000 people. While the data in Banten Province reached 310 people out of 10,000 people. The biggest cause of death is bleeding experienced by mothers during childbirth.

The purpose of this study was to determine the attitude of pregnant women towards birth attendants who would be chosen by the mother during childbirth, as well as to obtain data about the relationship between attitudes and the selection of birth attendants..

Method

The research design uses analytic research with a cross-sectional approach. The research was conducted in Ciakar Village from 10 June to 30 June 2021. The population and samples in this study were pregnant women in Ciakar Village, Tangerang Regency, totaling 68 people.

The sample of this study were mothers who gave birth within <3 months who met the inclusion criteria, including living and being the target of health services in the working area of the Benteng Health Center, in good health and not experiencing mental disorders, willing to be research respondents.

Exclusion criteria include mothers who have children aged 0-3 who are adopted children, mothers who do not have a MCH book or who have a MCH book but do not have a history of pregnancy. This study uses a cross-sectional design with a known population and the sample will be randomly selected. The research sample will be determined using simple random sampling technique.

Result

Table 1 Distribution of the Frequency of Pregnant Women Based on the Selection of Birth Support Personnel in Ciakar Village, Tangerang Regency

Selection of Birth Assistance	Frequency	Percentage (%)
Non Health Workers	36	52.9
Health Workers	32	47.1
Amount	68	100%

Based on the table above, it shows that the majority of pregnant women (52.9%) choose their birth attendant to be a dukun. Most pregnant women (73.5%) disagreed with the choice of birth attendants and health workers.

Table 2 Frequency Distribution of Pregnant Women Based on Attitudes toward the Selection of Birth Assistance in Ciakar Village, Ciakar Tangerang Regency

Attitudes Towards Health Workers	Frequency	Percentage (%)
Agree	18	26.5
Don't agree	50	73.5
Amount	68	100%

Furthermore, to find out the relationship between variables, a bivariate analysis or cross-tabulation was carried out between the independent variables and the dependent variable, and the results are as follows.

Table 3. Relationship Between Attitudes and Selection of Birth Assistance for Pregnant Women in Ciakar Ciakar Village, Tangerang Regency

Attitudes	Childbirth Helper		Amount	P Value	OR (CI 95 %)
	Non Health Workers	Health Workers			
Don't agree	33 (66.0 %)	17 (34.0 %)	50 (100.0 %)	0.001	9.7 (2.464 – 38.225)
Agree	3 (16.7 %)	15 (83.3 %)	18 (100.0 %)		
Amount	36 (52.9 %)	32 (47.1 %)	68 (100.0)		

The table above shows that using the bivariate test, $P = 0.001$ ($P <$) or $P = 0.001 < 0.05$, which means that there is a significant relationship between attitude and choice of birth attendant, while the OR value is 9.7, which means that the group of mothers who those who disagree with the choice of birth attendant are at risk of almost 10 x greater choosing a dukun as their birth attendant when compared to a group of pregnant women who agree with the choice of birth attendant

Discussion

From the results of the study it was found that most pregnant women (52.9%) chose to give birth at a traditional birth attendant. Attitude is an order in terms of feelings, thoughts and predisposition to

one's actions towards an aspect in the environment.

Table 2 shows that most pregnant women (73.5%) have a disapproving attitude towards health workers or midwives. Attitude is a person's closed response to certain objects that already involve opinion factors, the emotions concerned (happy, unhappy, agree, good, not good).

In table 3, the bivariate test obtained a value of $P = 0.001$ ($P <$) which means that there is a significant relationship between attitudes and the search for birth attendants, while the OR value is 9.7 which means that groups of mothers who have an attitude that disagrees with the selection of birth attendants are at risk almost 10 times more likely to choose a dukun as their birth attendant when compared to the group of pregnant

women who agree with the choice of birth attendant.

That attitude has three main components, namely beliefs, ideas and concepts towards an object, emotional life or evaluation of an object and tendencies to act. These three components together form a complete attitude. In determining this complete attitude, knowledge of thought, key Mortality Rate and emotions indeed play an important role.

This study is in line with the results of previous studies which stated that antenatal care has a positive relationship with a safe place of delivery⁹. Antenatal care visits are one of the means to direct pregnant women to give birth in health facilities with the help of health workers.

This is also in line with the results of a study conducted by Maeni and Trihandini which stated that the most dominant variable influencing the choice of place of delivery at a health facility is the level of ANC utilization that is adequate according to standards. Mothers who receive adequate ANC according to standards are 6.6 times more likely to give birth at health facilities than mothers who do not perform ANC¹⁰.

Research conducted in several foreign countries, such as in India, concluded that the mother's ANC level was the most significant factor in the utilization of delivery services. Mothers who perform ANC adequately according to standards have a 3.3 times chance of choosing to deliver at a health facility.

The results of this study are in accordance with the statement above which shows that attitudes influence the plan for selecting birth attendants by pregnant women. That mothers who have an attitude that does not agree with health workers have birth plans in non-medical workers.

Research conducted by Envuladu said that formal education is very important for a mother because with a good

education, mothers have broad and good insight into the utilization of health services¹¹. The level of education and sources of information received affect knowledge, in this case knowledge about pregnancy and childbirth so that the knowledge gained about pregnancy, childbirth, choosing birth attendants and choosing a birth place is better¹².

According to the Health Office's indications, because births are still handled by dukun beranak or artisans, cases of maternal death during childbirth are still high. History of cases of maternal and fetal death, if the dukun beranak fails to know the danger signs during pregnancy and childbirth and late referrals and fetal defects can also occur from the dukun beranak's lack of knowledge of the danger signs of unknown pregnancy. Delivery assistance by health personnel is one of the service efforts in preventing maternal and fetal deaths, especially those caused by the process of childbirth..

Summary

Most pregnant women in Ciakar Village have a disapproving attitude towards health workers or midwives, as evidenced by pregnant women who disagree with health workers with a frequency of 50 pregnant women with a percentage (73.5%). Attitude has a significant relationship with the plan for selecting birth attendants for pregnant women in Ciakar Village, Pontannng District, Serang Regency, as evidenced by the results of $P < 0.05$ or $P = 0.05$.

Bibliography

1. Dhahi ZK et al, 2015. A Study on Pregnant Women's Satisfaction With Primary Health Care Services In Basra. International Journal of

- Research In Humanities, Arts, and Literature. Vol 3, Issue 1, pp: 7-20.
2. Parenden RD dkk, 2016. Analisis Keputusan Ibu Memilih Penolong Persalinan di Wilayah Puskesmas Kabila Bone. Artikel Penelitian Fakultas Ilmu Kesehatan Masyarakat Universitas Sam Ratulangi Manado. Hal: 362- 72
 3. Media Y, 2014. Kualitas Pelayanan Kesehatan Ibu Hamil dan Bersalin di Daerah Terpencil (Studi Kasus di Nagari Batu Bajanjang, Kabupaten Solok, Provinsi Sumatera Barat). Badan Perencanaan Pembangunan Daerah Provinsi Sumatera Barat. Jurnal Bina Praja. Vol. 6, No. 1, hal: 43-52
 4. WHO. 2015. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Available online : <http://www.who.int> diakses pada 04 Desember 2018.
 5. Kementerian Kesehatan Republik Indonesia. 2015. Profil Kesehatan Indonesia. Jakarta. <http://www.depkes.go.id/resource/download/pusdatin/profilkesehatan-indonesia/profil-kesehatan-indonesia-2015.pdf>.
 6. Kementerian Kesehatan RI, 2016. Profil Kesehatan Indonesia 2016. Kementerian Kesehatan Republik Indonesia.
 7. Baba K et al, 2016. A cross-sectional survey of poliecies guiding second stage labor in urban japanese hospitals, clinics, and midwivery births centers. BMC Pregnancy and Childbirth. Vol. 16, No. 37, pp: 1-13.
 8. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan. 2014. Riset Kesehatan Dasar (Riskesdas) 2013. Jakarta.
 9. Mbuagbaw, L. C., E., & Gofin, R. (2011). A New Measurement for Optimal Antenatal Care: Determinants and Outcomes in Cameroon. *Maternal and Child Health Journal*, 15(8), 1427-34. <http://dx.doi.org/10.1007/s10995-010-0707-3>.
 10. Maeni, Laeli Nur; Trihandini Indang. 2014. Hubungan Pemanfaatan Anenatal Care Dengan Pemilihan Tempat Persalinan Di Indonesia: Analisis Lanjut Survei Demografi dan Kesehatan Indonesia 2012. Fakultas Kesehatan Masyaraat Universitas Indonesia – Jakarta
 11. Envuladu EA et al, 2013. Factors Determining The Choice Of A Place Of Delivery Among Pregnant Women In Russia Village Of Jos North, Nigeria: Achieving The MDGs 4 and 5. Department of Community Medicine, Jos University Teaching Hospital, Plateau state. Doctors on the Move-Africa International. *International Journal of Medicine and Biomedical Research*. Vol 2 Issue 1, pp: 23-7
 12. Parenden RD dkk, 2016. Analisis Keputusan Ibu Memilih Penolong Persalinan di Wilayah Puskesmas Kabila Bone. Artikel Penelitian Fakultas Ilmu Kesehatan Masyarakat Universitas Sam Ratulangi Manado. Hal: 362- 72.