Journal Educational of Nursing (JEN)
Vol. 9 No. 1 January – June 2026; page 84-94
p-ISSN : 2655-2418; e-ISSN : 2655-7630
journal homepage: https://ejournal.akperrspadjakarta.ac.id
DOI: https://doi.org/10.37430/jen.v9i1.332

Article history:
Received: December 19th 2025
Revised: December 21th 2025
Accepted: January 08th 2026

Preferences For Childbirth At Primary Health Care And Hospitals Of Pregnant Women At The Tanah Abang And Kemayoran Primary Health Care

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Abstract

The 2023 Indonesia Health Survey reported that 60.7% of deliveries in Jakarta occurred in hospitals, while only 14.2% took place in primary health care (puskesmas), indicating a gap between antenatal care (ANC) utilization and delivery services at puskesmas despite high ANC attendance. This qualitative exploratory study was conducted at Tanah Abang and Kemayoran Primary Health Care from July to October 2025, involving 114 respondents in focus group discussions, with data analyzed using thematic analysis, triangulation, and inter-rater agreement. The findings identified six major themes related to ANC and delivery place selection, influencing factors, perceptions of puskesmas services, and maternal health education. Distance and accessibility were the main reasons for choosing puskesmas for ANC, while hospitals were preferred for delivery due to perceived higher safety, availability of specialists, and more complete facilities, particularly for high-risk pregnancies. Utilization of maternal health services was strongly supported by the BPJS/JKN program, as well as family support, prior delivery experiences, and socioeconomic factors. Although puskesmas services were generally perceived positively, gaps were identified in lactation counseling and antenatal class implementation, indicating the need to strengthen health education and provider communication to enhance trust and utilization of puskesmas delivery services**.**

Keyword : Childbirth, primary health care, pregnant woman

INTRODUCTION

Childbirth is the process of delivering a baby, which begins when the uterine muscles start contracting regularly and ends with the expulsion of the baby and placenta. This process carries significant risks for both the mother and the newborn, making the selection of an appropriate delivery place essential. The 2023 Indonesia Health Survey reported that the most commonly chosen delivery places among pregnant women in Jakarta were hospitals (60.7%), consisting of 22.4% government hospitals and 38.3% private hospitals, followed by midwife practices (14.9%), primary health care (puskesmas) (14.2%), clinics (9.7%), and other facilities (0.2%).(1) These data indicate the low utilization of primary delivery services and a strong tendency for pregnant women to choose hospitals even in the absence of complications.

This finding is further supported by data from the service areas of Tanah Abang and Kemayoran Primary Health

Care, which show that fewer than 10% ultimately deliver at these facilities. In fact, puskesmas are designed as the frontline of the national health system and serve as a key pillar in reducing maternal and neonatal mortality.(1) The low rate of delivery at puskesmas is closely related to pregnant women's perceptions regarding safety and the capacity of these facilities to manage obstetric risks.(2) In addition, various other factors influence pregnant women's decision-making in selecting a delivery place.

Factors such as service costs, availability of facilities, and family involvement play important roles in delivery place selection.(3) Furthermore, maternal residential distance, educational level, and employment status have been shown to be statistically significantly associated with the choice of birth attendant and delivery facility.(4) Previous research has consistently demonstrated that delivery place selection is strongly influenced by socioeconomic status, with women who are wealthier and better educated showing a greater preference for hospital-based deliveries compared to primary health care facilities.(5) The implementation of national health insurance (JKN) has further shaped this pattern, as insured women are more likely to utilize hospital services for childbirth, while utilization of puskesmas for delivery tends to decline among insured populations.(5,6)

In addition to socioeconomic and insurance-related factors, geographic accessibility, perceived quality of care, and cultural influences play significant roles in shaping women's delivery place preferences. Concerns regarding limited clinical capacity, inadequate medical equipment, and health workers' attitudes at primary health facilities frequently contribute to women bypassing puskesmas in favor of hospitals.(7,8) Family involvement and household decision-making dynamics also consistently emerge as important determinants in the choice of delivery facility.(8)

Evidence from various regions in Indonesia indicates substantial bypassing of primary health care centers, with many women perceiving hospitals as safer options despite the technical capacity of puskesmas to manage normal deliveries.(7,9) However, important research gaps remain, particularly regarding urban settings with high health insurance coverage and dense health provider markets, where the relationship between facility quality and women's delivery choices has not been adequately explored.(5,6)

This study seeks to address these gaps by examining pregnant women's perceptions and determinants of puskesmas delivery choice in the Tanah Abang and Kemayoran service areas. By focusing on women who receive antenatal care at puskesmas but ultimately deliver elsewhere, this study aims to generate policy-relevant evidence to inform service quality improvement, referral system strengthening, and strategies to rebalance maternal health service utilization in urban Indonesia, thereby supporting universal health coverage and maternal mortality reduction goals.(8,9)

RESEARCH METHODOLOGY

This study employed a qualitative design with an exploratory approach and was conducted at two Primary Health Care, Tanah Abang and Kemayoran, from July to October 2025. Participants were selected using purposive sampling and met the following criteria: (1) pregnant women and postpartum women (up to three months after delivery), (2) women who received antenatal care (ANC) at Tanah Abang and Kemayoran Primary Health Care, and (3) willingness to participate in the study. The total sample consisted of 114 respondents were

subsequently involved in focus group discussions (FGDs).

The focus group discussions (FGDs) comprising seven guiding questions covering respondent characteristics, antenatal care (ANC) services, reasons for delivery place selection, and perceptions of delivery services at Primary Health Care. FGDs were conducted in two groups at each health center, with each session lasting approximately 30–45 minutes. FGD data were recorded as audio files and transcribed verbatim in the Indonesian language. Each transcript was coded as R1, R2, and so forth (R = respondent; number = sequence of respondents).

Data analysis was performed using thematic analysis [5]. Theme identification was conducted by the researchers, with each theme defined by a clear operational definition. Transcribed data were then organized according to the predefined themes, and the coding framework was managed using Microsoft Excel. To ensure the credibility and reliability of the findings, data triangulation was conducted. An external reviewer independently analyzed the interview data to compare interpretations. Inter-rater agreement was also assessed to ensure consistency in the coding process among researchers. In addition, an audit trail was maintained to document all analytical processes and decisions, thereby enhancing the transparency of the study.

RESULTS AND DISCUSSION

A total of 114 respondents from Tanah Abang and Kemayoran Primary Health Care participated in this study, with the majority aged under 35 years. Most respondents had a senior high school education (62.3%) and were predominantly housewives (64.9%). The obstetric characteristics of the respondents showed that most women were in the low gravida and parity categories.

Table 1. Respondent Characteristics

Characteristics	Number
Age	
< 35 years old	97
≥ 35 Years old	17
Occupation	
Working woman	38
Housewife	76
Education	
Basic education	17
Secondary education	71
Higher education	26
Parity	
Primipara	36
Multipara	67
Grande multipara	11

The FGD analysis identified six main themes: (1) selection of antenatal

care (ANC) facility, (2) factors influencing ANC facility selection, (3) selection of delivery place, (4) factors influencing delivery place selection, (5) perceptions of Primary Health Care services, and (6) maternal health education and counseling.

As presented in Table 2, the qualitative findings indicate that Primary Health Care (puskesmas) were the primary healthcare facilities chosen by respondents for antenatal care (ANC) and, in some cases, delivery. This preference was mainly attributed to easy access, affordability through the BPJS health insurance scheme, and services perceived as friendly and relatively efficient. Respondents came from diverse backgrounds in terms of age, parity, and obstetric experience, with a considerable level of spousal involvement in decision-making related to maternal healthcare services. The selection of ANC facilities was generally based on proximity to home, established habits since early pregnancy, and trust in puskesmas services. Nevertheless, some respondents reported combining ANC visits at puskesmas with services at hospitals or private clinics for further examinations or specific medical conditions.

In terms of delivery place selection, puskesmas were perceived as adequate for low-risk pregnancies, whereas hospitals were preferred or became referral destinations when medical indications, concerns about complications, or the need for specialist care were present. Overall perceptions of puskesmas services were positive, particularly regarding healthcare providers' attitudes, cleanliness, and facility comfort. However, respondents noted areas for improvement, including waiting times, staffing distribution, and laboratory services. Maternal health education emerged as a key finding, as most respondents reported not receiving comprehensive education on lactation, newborn care, pregnancy danger signs, or antenatal classes. Utilization of the Maternal and Child Health (KIA) handbook also varied, highlighting the need to strengthen education and communication to improve the overall quality of maternal healthcare services.

Table 2. Quotations of Qualitative Themes and Subthemes

Theme	Subtheme	Quotation
Choice of ANC facility	Hospital	"At the hospital there are OB-GYN specialists, so for pregnancy check-ups I feel more confident because the doctor is a specialist."
		"For antenatal check-ups, I prefer the hospital because the facilities are more comprehensive."
	Puskesmas	"I have my pregnancy check-ups at the Primary Health Care because the facilities are complete, there is ultrasound and a laboratory, so I do my ANC here."
		"During pregnancy check-ups at this Primary Health Care the service is good, so I do my ANC

		here.”
	Private Midwife Practice	“In my previous area, people preferred having pregnancy check-ups with paid midwives rather than at the Primary Health Care.”
Factors Influencing Choice of ANC Facility	Accessibility	“Even early in pregnancy, I already planned to have my check-ups at the Primary Health Care because it is the closest to my home.” “For my first, second, and third pregnancies, I had check-ups with a midwife.”
	Trust, comfort and experience	“For pregnancy check-ups, actually all places provide similar attention, whether midwives or Primary Health Care.” “In terms of service (puskesmas), they are attentive, quick, and responsive when we need help.” “The service is actually good (puskesmas), but the waiting time is a bit long.”
	Availability of facilities and infrastructures	“At the Primary Health Care there is a lab, and now blood sugar levels can be detected immediately.” “If you want an ultrasound, usually you are advised to go to the hospital because the facilities are more complete.”
	Financing	“Because I use BPJS now, I have my pregnancy check-ups at the Primary Health Care.”
	Social and peer group influence	“For my first pregnancy, I went to a midwife because she was well-known and had many patients.”
Choice of place of Delivery	Hospital	"For delivery, I prefer the hospital so I don’t have to go back and forth if any procedures are needed.” “I prefer to give birth at the hospital because the equipment and management are more complete.”
	Puskesmas	“My first child was born at the Primary Health Care and the service was good, so I plan to give birth here" “As long as it can still be managed, I choose to give birth at the Primary Health Care first.”
	Private Midwife Practice	"I delivered my first to fourth children with a midwife because it was closer to my home."
Private Midwife Practice	Accessibility	“I plan to give birth at the Primary Health Care because it is the closest to my home.” “When it’s time to give birth, the most important thing is that it’s close and quick to reach.”

Availability of Facilities and Infrastructure	"I chose to give birth at the hospital because the facilities are more complete."
Financing	"I gave birth at the Primary Health Care because it is covered by BPJS."
Referral or Clinical Condition	"My second child was initially planned to be born at the Primary Health Care, but during labor I was referred to the hospital because the cervical dilation did not progress." "Because of a high-risk condition, I was referred to give birth at the hospital.."
Trust, comfort, and experience	"For delivery, I trust the hospital more because if anything happens it can be handled immediately." "My experience giving birth with a midwife was actually satisfying, but the risk is that if something happens, a referral is needed." "I feel calmer and more comfortable giving birth at the Primary Health Care." "During delivery, the service was fast and I was handled immediately."
Social and peer group influence	"My first and third children were born with a midwife because she was well-known and highly recommended." "I followed my family's advice regarding the place of delivery."

The choice of delivery place is a critical decision influenced by multiple complex and interrelated factors. This study identified several key determinants shaping pregnant women's preferences for healthcare facilities for ANC and delivery. Distance and accessibility were the primary considerations in selecting both ANC and delivery facilities. Proximity to home and ease of access were dominant reasons for choosing puskesmas for routine ANC services [2,3]. However, the influence of distance varied depending on maternal characteristics and regional context, indicating heterogeneity in decision-making patterns [4].

Safety considerations and perceived quality of hospital services became the main priorities when pregnant women faced risks of complications such as obesity, hypertension, gestational diabetes, or premature rupture of membranes. Women with high-risk conditions tended to choose hospitals due to the perception of greater capacity to manage obstetric emergencies [5,11,12]. The availability of obstetricians and pediatric specialists was a significant determinant. Although puskesmas have increasingly improved their facilities, hospitals were perceived as having more comprehensive medical equipment for managing delivery complications [11,13,14].

In terms of financing, the BPJS/JKN program played a significant role in increasing the utilization of maternal healthcare services. Free services under BPJS were a primary reason for choosing puskesmas for ANC and delivery. The JKN program has been shown to increase facility-based deliveries and hospital utilization [5,7,15,16], significantly improving access to maternal healthcare services in Indonesia. In addition, previous childbirth experiences influenced subsequent delivery place choices. Women with positive experiences delivering at puskesmas tended to choose puskesmas again, while those who experienced complications or referrals were more likely to plan hospital deliveries [10,11].

Social and environmental influences, including support from husbands and family members, played an important role in decision-making. Husbands were actively involved in discussions regarding delivery place selection and safety considerations [4,9]. Partner education and household decision-making dynamics were key determinants of institutional delivery [7,18]. Socioeconomic status, including wealth level, education, and insurance ownership, consistently predicted delivery at higher-level health facilities [5,7,8,19,20]. Cultural norms, beliefs, and local practices also shaped delivery place selection, with some communities still maintaining non-facility-based childbirth practices [9,19,21,22].

Trust in healthcare facilities was reflected in referral patterns and delivery place selection. Within the formal healthcare system, ANC providers referred high-risk cases to hospitals; however, in practice, many pregnant women engaged in self-referral by bypassing puskesmas when anticipating complications [13,14,27]. This pattern became more evident as the JKN program expanded access to higher-level facilities, enabling more women to choose hospital deliveries [15,16]. Other factors supporting delivery decisions included high trust in puskesmas for routine ANC and normal deliveries, but greater trust in hospitals for complicated deliveries. Higher trust in hospitals for high-risk births was based on specialist availability, medical equipment, and perceptions of safety [9,11]. Insurance coverage and socioeconomic status also contributed to the shift from primary care to hospital-based delivery services [5,9].

This study identified a notable pattern in which most pregnant women chose puskesmas for ANC but considered hospitals for delivery, particularly when complications were anticipated. The choice of ANC at puskesmas was also influenced by cost considerations, as free services required adherence to the JKN referral system. National studies have demonstrated a positive association between complete ANC visits and facility-based delivery [8,19,24]. However, many women change their planned delivery location between the ANC period and childbirth [10]. Accessibility and proximity were the main reasons for choosing puskesmas for ANC, while perceptions of safety and hospital facility completeness drove decisions for high-risk deliveries. Women attended puskesmas for routine ANC due to proximity, affordability, and convenience, but planned or shifted to

hospitals when anticipating complications, driven by perceptions of greater emergency management capacity [11,14,5]. Routine ANC at primary healthcare facilities alongside increased hospital deliveries reflects heightened risk perception and expanded insurance coverage [8,22].

These findings can be further interpreted using a health-seeking behavior framework, which emphasizes the role of perceived risk, perceived benefits, and service accessibility in shaping healthcare utilization. In urban settings, pregnant women appear to make rational and adaptive decisions by balancing the convenience, affordability, and familiarity of puskesmas for routine antenatal care with the perceived safety, specialist availability, and emergency readiness of hospitals for childbirth. The researchers assume that the preference for hospital delivery does not reflect dissatisfaction with puskesmas services, but rather an anticipatory risk-management strategy influenced by awareness of potential obstetric complications. The availability of the BPJS/JKN scheme further reinforces this behavior by reducing financial barriers and facilitating access to higher-level facilities. This pattern highlights the importance of strengthening risk communication, antenatal education, and provider–patient communication at the primary care level to enhance trust and encourage appropriate utilization of puskesmas delivery services, particularly for low-risk pregnancies.

CONCLUSION

This study concludes that pregnant women's choice of delivery place is shaped by an interaction of perceived safety, accessibility, cost considerations, prior service experiences, and family involvement. While puskesmas are widely utilized for antenatal care and considered appropriate for low-risk pregnancies, hospitals are preferred when women anticipate complications or perceive a need for specialist care and more complete facilities. The low rate of delivery at puskesmas therefore reflects rational, risk-based decision-making rather than dissatisfaction with the quality of puskesmas services.

Based on these findings, the study recommends strengthening maternal health education during antenatal care, particularly regarding risk assessment, referral pathways, and the delivery capacity of puskesmas. Improving provider–patient communication and expanding the coverage and quality of antenatal classes are also necessary to enhance trust and informed decision-making. Additionally, involving family members—especially husbands—in maternal health education may further support appropriate utilization of primary delivery services. These strategies are expected to increase confidence in puskesmas and promote optimal use of primary-level delivery services for low-risk pregnancies.

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4. ACKNOWLEDGEMENT

We would like to express our sincere gratitude to Tanah Abang and Kemayoran Primary Health Care for their support and assistance during the research data collection process.