



Internal Factors Related To The Selection Of Maternity Places For Maternity Mothers At UPTD Puskesmas Aramo, Aramo District, South Nias Regency

¹Nyaman Ndruru, ²Ridesman, ³Riska Susanti Pasaribu

^{1,2,3} Prodi Sarjana Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

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Email :
nyamannndruru@gmail.com,
desmannst@yahoo.co.id,
riskasusantinataliap@gmail.com

ABSTRACT

The coverage of maternity assistance by health workers with midwifery competence in 2018 tends to increase, namely in 2017 it reached 86.38%, and in 2014 the coverage of maternity assistance by health workers in Indonesia has reached 96.88%. However, the increasing coverage of birth attendants by health workers in Indonesia has not been matched by an increase in childbirth in health care facilities. The purpose of this study was to analyze internal factors related to the selection of delivery sites for maternity mothers in the working area of Aramo Health Center, Aramo District, South Nias Regency. This research is an analytical survey with a cross sectional design using secondary and primary data. The research was conducted in the working area of Aramo Health Center, Aramo District, South Nias Regency. The population in this study was 311 pregnant women. The sample in this study was 76 third trimester pregnant women using simple random sampling with the slovin formula. Data analysis was performed univariately, bivariately using chi-square. The results showed the selection of a place of delivery at home as many as 44 (57.9%) respondents and the selection of a place of delivery in a health facility as many as 32 (42.1%) respondents, there was a significant relationship between factors (education, work, parity, knowledge, husband/family support and distance) with value (0.001), all of which had a significant relationship with the choice of place of delivery. The conclusion of this study is that all factors related to the choice of place of delivery in III trimester pregnant women have a relationship. Advice is expected to health workers to be able to provide more information to maternity mothers that the importance of giving birth in a health facility.

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INTRODUCTION

Childbirth is a process to push out (expulsion) the results of fertilization (that is, a viable fetus, placenta and amniotic) from inside the uterus through the vagina to the outside world (Sinsin, 2018). The existence of the Childbirth Planning and Prevention of Complications (P4K) Program since early pregnancy is one of the efforts to improve the quality of maternity health services (Husnida, 2017).

Maternal and Child Health Problems (MCH) are still a health problem in Indonesia. This is because there are still high maternal mortality rates and infant mortality rates in Indonesia. The World Health Organization (WHO) states that the maternal mortality rate (MMR) in developing countries is still high at 500 per 100,000 live births. Based on data from the World Health Organization (WHO) in developing countries that the number of maternal deaths during pregnancy, childbirth, and postpartum is 2650 people (WHO, 2019). The Maternal Mortality Rate (MMR) in Indonesia is still among the highest compared to countries in Asia, for example Thailand with an MMR of 130/100,000 KH. IDHS data in 2017 recorded MMR in Indonesia reached 228 per 100,000 Live Births (KH). Although this figure is considered to have improved compared to the previous year, reducing MMR to 102/100,000 (KH) in 2019 still requires special efforts and hard work from all parties, both the Government, the private sector and the community (Profil Kesehatan Provinsi Sumatera Barat 2017, 2018).

The success of maternal health programs can be assessed through the main indicator of

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Maternal Mortality Rate (MMR). Maternal mortality in this indicator is defined as all deaths during pregnancy, childbirth, and puerperium caused by its management but not due to other causes such as accidental or incidental. MMRs are all deaths within that scope in every 100,000 live births. According to the results of the 2017 Indonesian Demographic and Health Survey (IDHS) shows that 91% of live births are assisted by competent health workers, 61% by midwives/nurses, 29% by obstetricians, and 1% by general practitioners. According to the 2017 Banten Health Profile, the number of maternal deaths in Banten Province was 240 out of 233,344 live births. (PROFIL KESEHATAN INDONESIA, 2021).

In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality. In general, there was a decrease in maternal mortality during the period 1991-2015 from 390 to 305 per 100,000 live births. Although there is a downward trend in maternal mortality, this figure has not succeeded in achieving the MDGs target. Based on causes, most maternal deaths in 2021 were related to COVID-19 as many as 2,982 cases, bleeding as many as 1,330 cases, and hypertension in pregnancy as many as 1,077 cases. Efforts to accelerate MMR reduction are carried out by ensuring that every mother is able to access quality health services, such as pregnant women's health services, childbirth assistance by trained health workers in health care facilities, postpartum care for mothers and babies, special care and referrals in case of complications, and family planning (KB) services including postpartum family planning (PROFIL KESEHATAN INDONESIA, 2021)

Data Profile of North Sumatra Province in 2018 coverage of childbirth helpers in North Sumatra amounted to 91.52% has been helped by health workers. However, voters based on the risk of childbirth in 2017 amounted to 60.1% took place at home / other, 40% gave birth in health facilities and 1.13% gave birth in Polindes / Poskesdes. Giving birth in a maternity home can provide comfort and tranquility for mothers who will give birth, because she will be accompanied by family and get full support, still be able to supervise her children, so as to reduce existing pain. So that with many factors that affect maternal mortality, especially during childbirth, determining the place of delivery is an important thing to prevent the occurrence of three delay factors, namely delay in recognizing the danger signs of labor, delay in reaching facilities and getting help at health facilities. The planned delivery place must have various facilities and equipment and trained human resources in order to overcome various problems.

Home childbirth is chosen for many reasons. Jouhki (2018) found the main reasons women choose home birth, namely past childbirth experiences, consideration of childbirth as a natural process, increased autonomy, home environment, institutions, desire to choose birth attendants, distrust of the medical establishment, and the opportunity for other children or their baby's siblings to witness labor. According to participants in this qualitative study, the most important thing is autonomy, something that cannot be provided by health care facilities in general.

Safe delivery ensures that all birth attendants have the knowledge, skills and tools to provide safe and clean care, as well as provide postpartum services to mothers and babies. Personnel who can provide childbirth assistance can be divided into 2, namely professionals and baby healers. Based on the indicators of coverage of maternal and child health services, childbirth assistance should be provided by health workers who have midwifery competence (obstetricians, general practitioners, midwives, midwife helpers and midwife nurses) not included by baby healers.

The availability of trained labor personnel who can carry out safe and clean childbirth assistance, recognize and treat obstetric complications (alone or referred) will be able to reduce maternal mortality. However, in developing countries only 55% of women are helped by skilled workers at the time of delivery. Before the rise of obstetric emergency services. At that time the decline in the number of maternal deaths reached almost a third, from 630 to 230 deaths per 100,000 live births over a period of 24 years. Midwifery services occupy an important role in the continuity of services for pregnant women, among others through the availability of referral chains for various levels of very important services. A midwife can serve as the first point of reference for the baby

shaman or the individual who brings the mother to the referral point. Of course, the effectiveness of midwifery services in reducing maternal mortality also depends on the availability of health service infrastructure that provides facilities for consultation and referral for mothers who need obstetric emergency services.

Hospitals and puskesmas as health service facilities, currently serve patients both patients at their own expense and patients with health insurance, specifically for the province of North Sumatra since 2004 and then in 2011 the implementation of social security, health service facilities in South Nias, serving patients with health insurance that generally exist throughout Indonesia. The purpose of this study is to analyze internal factors related to the selection of delivery sites in maternity mothers in the working area of the Aramo Health Center.

METHOD

This study is an analytical survey research with a cross sectional design that aims to analyze internal factors related to the selection of delivery sites. This research was conducted in the working area of Puskesmas Aramo, Aramo District, South Nias Regency. This study was conducted from March to July 2022. The population in this study is all 3rd trimester pregnant women in the Working Area of the Aramo Health Center, Aramo District, South Nias Regency for the period May-July 2022, as many as 311 pregnant women in 10 villages. Sampling in this study with the Probability Sampling technique, namely Proportionate Stratified Random Sampling, which is random sampling using the slovin formula. The sample size was 76 respondents. and the analysis test used according to the type of research is Chi-square at the limit of the meaning of statistical calculations p value (0.05).

RESULTS AND DISCUSSION

Aramo Health Center accepts outpatients and inpatients. Services provided such as general examination, ANC services, sugar examination, cholesterol, uric acid and receiving BPJS services.

Table 1. The relationship between education and the selection of a place of delivery for maternity mothers in the work area of the Aramo Health Center

mothers in the work area of the Haino Health Center								
No	Education	Selection of Place of Delivery				Amount		Pvalue
		House		Health Facilities				
		F	%	f	%	F	%	
1	High (>SMA)	6	7,9	19	25,0	25	32,9	0,001
2	Low (<SMA)	38	50,0	13	17,1	51	67,1	
Total		44	57,9	32	42,1	76	100	

The results of data analysis showed that of 51 respondents (67.1.0%), 38 people with low education (50.0%) with the category of choosing a place of delivery at home, and of which category of choosing a place of delivery in health facilities as many as 13 people (17.1%), and from 25 respondents (32.9%), who were highly educated as many as 6 people (7.9%) with the category of choosing a place of delivery at home, and whose category of choosing a place of delivery in health facilities as many as 19 people (25.9%). With a statistical test p value value = 0.001 (α 0.05). This means that there is a relationship between education and the choice of place.

Table 2. The relationship between work and the selection of a place of delivery for maternity mothers in the working area of the Aramo Health Center

In the working area of the training center								
No	Work	Selection of Place of Delivery				Amount	Pvalue	
		House		Health Facilities				
		F	%	F	%	F		%
1	Does not work	38	50,0	13	17,1	51	67,1	

2	Work	6	7,9	19	25,0	25	32,9	0,001
	Total	44	57,9	32	42,1	76	100	

Of the 51 respondents (50.0%), 38 people (50.0%) did not work with the category of choosing a place of delivery at home, and of which the category of choosing a place of delivery in a health facility was 13 people (17.1%), and of 25 respondents (32.9%), who worked as many as 6 people (7.9%) with the category of choosing a place of delivery at home, and whose category of choosing a place of delivery in health facilities was 19 people (25.0%). The result of the statistical test is p value = 0.001 ($\alpha < 0.05$). This means that there is a significant relationship between work and the choice of place of delivery.

Table 3. The relationship between parity and the selection of a place of delivery for maternity mothers in the working area of the Aramo Health Center

in the working area of the Health Center								
No	Paritas	Selection of Place of Delivery				Amount		Pvalue
		House		Health Facilities				
		f	%	F	%	f	%	
1	Children 1-2	39	51,3	16	21,1	55	72,4	0,001
2	Children > 2	5	6,6	16	21,1	21	27,6	
Total		44	57,9	32	42,1	76	100	

Of the 55 respondents (72.4%), 39 children 1-2 (51.3%) with the category of choosing a place of delivery at home, and the category of choosing a place of delivery in a health facility as many as 16 people (21.1%), and of 21 respondents (27.6%), of which children > 2 as many as 5 people (6.6%) with the category of choosing a place of delivery at home, and whose category of choosing a place of delivery in a health facility as many as 16 people (21.1%). Statistical test result p value = 0.001 ($\alpha < 0.05$). This shows that statistically there is a relationship between parity and the choice of place of delivery.

Table 4. The relationship of knowledge with the selection of a place of delivery for maternity mothers in the work area of the Aramo Health Center

In the work area of the Arano Health Center								
No	Knowledge	Selection of Place of Delivery				Amount		Pvalue
		House		Health Facilities				
		f	%	F	%	f	%	
1	Kurang	33	43,4	8	10,5	41	53,9	0,001
2	Baik	11	14,5	24	31,6	35	46,1	
Total		44	57,9	32	42,1	76	100	

The results of data analysis showed that there were 41 respondents (53.9%), who had less knowledge as many as 33 people (43.4%) with the category of choosing a place of delivery at home, and whose category of choosing a place of delivery in health facilities as many as 8 people (10.5%), and from 35 respondents (46.1%), who were well knowledgeable as many as 11 people (14.5%) with the category of choosing a place of delivery at home, and whose category of choosing a place of delivery in health facilities as many as 24 people (31, 6%). The result of the statistical test is p value = 0.001 ($\alpha < 0.05$). This shows that statistically there is a relationship between knowledge and the choice of place of delivery.

The results of statistical tests in analyzing factors related to the selection of delivery sites in third trimester pregnant women in the Working Area of Aramo Health Center, Aramo District, South Nias Regency with a total of 76 respondents found that there was a significant relationship between

education, work, parity, knowledge and the selection of delivery sites, where the statistical test results were $p \text{ value} = 0.001$ or ($\alpha < 0.05$).

The results of this study are in line with research conducted by Nurhasni (2018) in the Cijeruk Health Center Work area, Bogor Regency, showing that mothers with higher education (> high school) have 6 times the chance to choose a birth attendant by health workers compared to mothers with a randah education. People who are highly educated, will be more rational, as well as mothers who are highly educated will be more aware of utilizing more sophisticated health services. The higher a person's level of education, it is expected that the higher the level of understanding, and easy to receive new information that can be applied in his life. Low levels of education lead to difficulties of absorption in new information and ideas.

Based on this research work, it is also in line with Rusdiyanti's research The work environment can make a person gain experience and knowledge, both directly and indirectly. One of the obstacles for mothers to choose a proper place of delivery is influenced by the status of economic conditions where mothers have difficulty obtaining costs so they cannot reach, so mothers and their families use the place of delivery as it is. Work is very decisive, if a person can earn income in the household, a husband who has a job with high mobility, generally does not have time to accompany his wife in caring for pregnancy because of busyness.

Based on the assumption of the researchers' occupation of the majority of farmers' mothers whose income is underprivileged, mothers have difficulty obtaining the cost to give birth in health facilities, so mothers and their families use the place of delivery as it is. Based on the results of statistical tests, there is a significant relationship between parity factors and mothers choosing a place of delivery. That if the work is feasible it can show that statistically there is a statistically significant or meaningful relationship between the work and the choice of place of delivery in the mother. Parity of the majority of children 1-2 children. This research is in line with Elsa Budi's research on the number of pregnancies experienced by mothers or the number of conceived children that affect the health of mothers and children. The more often the mother gives birth, the more experience is gained about the methods of caring for children. According to the assumption of researchers in the field, most mothers who choose a place of delivery at home who already have children 1-2, so mothers prefer to give birth than those in health facilities, and who choose to give birth in health facilities, the majority of whom are just pregnant for the first time or couples of childbearing age.

Based on the results of data analysis, the relationship between knowledge and the selection of the place of delivery has a significant relationship. This research is in line with Masita's theory that knowledge is the result of knowing and this happens after sensing a particular object. Sensing of a particular object. sensing, smell and taste. Most of human knowledge is acquired through the eyes and ears. In this case, a person's knowledge has a level, so that the higher the level of knowledge of a person, the better it is in carrying out a procedure that he does. Knowledge is something that is needed in order to change the mindset and behavior of a community group. This knowledge is related to the environment in which the respondent lives, the condition of the surrounding environment will more or less affect knowledge, in this case knowledge about the place of birth.

According to the assumption of researchers, the majority of maternal knowledge about the place of delivery is still lacking because this affects the perspective of someone whose understanding is different about safe, clean childbirth, this lack of information that mothers get makes curiosity about risks or complications about unexpected home childbirth and if not helped by health workers. Therefore, socialization from health workers is very important to be carried out in every region so that mothers who choose a place of delivery can provide understanding, understanding and knowledge of a mother.

CONCLUSION

Based on the conclusion of the research conducted, there is a significant relationship between factors of education, employment, parity, knowledge related to the selection of a place of delivery in

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third trimester pregnant women in the Working Area of Aramo Health Center, Aramo District, South Nias Regency with a total of 76 respondents, where the results of statistical tests are p value = 0.001 or ($\alpha < 0.05$). Therefore, it is expected that health workers as birth attendants to provide IEC to mothers about the importance of improving the health of mothers and babies at every opportunity to lead to safe and healthy childbirth, so that mothers and babies are healthy

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