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| FACTORS RELATED TO SELECTION OF LABOR AIDING IN MATERNITY MOTHERS |
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**ABSTRACT**

The focus on reducing MMR is carried out on activities that include three messages in the MPS program, namely that each delivery is assisted by trained health workers, each obstetric and neonatal complications receive adequate services and every woman of childbearing age has access to prevention of unwanted pregnancy and management of miscarriage complications. The higher the coverage of childbirth by health workers, the lower the risk of death, therefore the goal of health development, one of which is to significantly increase the number of pregnant women who get examined and give birth assisted by health workers. The purpose of this study was to determine the relationship of education, employment, family support, affordability of access to health facilities (transportation), socio-cultural relations with the selection of birth attendants in the Lede District Health Center Work Area. Lede Kab. Taliabu Island, North Maluku. This type of research is an observational study with a cross-sectional study approach, using a total sampling that is all mothers giving birth in the Lede District Health Center Work Area. Lede. Regency. North Maluku Taliabu Island from January to June 2018 as many as 61 people. The results of this study indicate that there is a relationship between education and the selection of birth attendants obtained P-value = 0,000 <0.05, there is a relationship between work with the selection of birth attendants obtained P-value = 0,000 <0.05, there is a relationship between family support and the choice of birth attendants obtained P-value = 0.009 <0.05, there is a relationship between access to health services with the selection of birth attendants obtained P-value = 0.028 <0.05, there is no relationship between social culture and the selection of birth attendants obtained P-value = 0.246> 0.05. The conclusion is the relationship of education, work, family support, affordability of access to health facilities (transportation), mothers with the selection of birth attendants while the social-cultural relations of mothers show no relationship with the selection of birth attendants.

**Keywords:** Maternity assistants, Maternity leave

**INTRODUCTION**

Indonesia ranks fourth highest AKI in 2014 when viewed from developing countries in the world, which is 390 per 100,000 population after Nepal (865 per 100,000 population) and Buthan (710 per 100,000 population) and India (630 per 100,000 population). This situation shows that maternal health problems in Indonesia are still very alarming, this can be seen from the health status of mothers and children as well as the high maternal mortality due to childbirth, the low coverage of antenatal care and the most important problem is the delivery of assistance carried out by workers with non-medical backgrounds or which is often called a traditional birth attendant.(1)

Basic Health Research (Riskesdas) in 2015 recorded coverage of deliveries in 2014 coverage of delivery assistance by health workers amounted to 82.94% while in 2015 it became 84.07%. Although it has increased but has not reached the target set at 90%. As for the types of birth attendants, 18.52% were helped by doctors, 64.96% were assisted by midwives, 0.95% were assisted by other health workers, 30.27% were helped by traditional birth attendants, 20.69% were helped by families, and 0, 24% was helped by others. The low coverage of delivery assistance by health workers has contributed to the increase in MMR (MOH, 2015). (1)
The lack of skilled labor in low-income countries is seen as an important barrier to achieving a reduction in maternal and child mortality. Various design, implementation, and operational challenges range from a lack of key stakeholders in the local state level to irregularity in some cases of non-provision of agreed midwife benefits which is likely to contribute to the lack of program impacts. This challenge not only creates deep dissatisfaction with the program but also has a practical impact on service delivery that might affect household service uptake.(2)

From data obtained at the District Health Office. Taliabu Island showed that in 2017 coverage of childbirth by 738 health workers and assisted by TBAs 531 and 7 of them died (Taliabu Island Health Service, 2018).(3)

**METHODS**

This type of research is an observational study with a cross-sectional study approach, the location of this study was carried out in the Lede District Health Center Work Area. Lede Kab. Taliabu Island, North Maluku. The population in this study were all women who gave birth / gave birth in the Lede Kec. Lede. Regency. Taliabu North Maluku Island from January to June 2018 as many as 61 people using total sampling. Analysis was performed using the Chi-Square test with a significance limit of p ≤ 0.05.

**RESULTS**

Table 1. Relationship between education and the selection of birth attendants

|  |  |  |  |
| --- | --- | --- | --- |
| Education | Election of Assistant Assistant | Total | *P-* Value |
| Childbirth by Health Workers | Delivery by a shaman |
| n | % | n | % | n | % |
| Basic education | 1 | 5,6 | 17 | 94,4 | 18 | 100 | 0,000 |
| Middle education | 0 | 0 | 24 | 100 | 24 | 100 |
| higher education | 17 | 89,5 | 2 | 10,5 | 19 | 100 |
| Total | 18 | 29,5 | 43 | 70,5 | 61 | 100 |

Table 2. Relationship between work and the selection of birth attendants

|  |  |  |  |
| --- | --- | --- | --- |
| Profession | Election of Assistant Assistant | Total | *P*Value |
| Childbirth by Health Workers | Delivery by a shaman |
| n | % | n | % | n | % |
| Work | 17 | 89,5 | 2 | 10,5 | 19 | 100 | 0,000 |
| Does not work | 1 | 2,4 | 41 | 97,6 | 42 | 100 |
| Total | 18 | 29,5 | 43 | 70,5 | 61 | 100 |

Table 3. Relationship between Family Support and the selection of Childbirth Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| Family support | Election of Assistant Assistant | Total | *P-*Value |
| Childbirth by Health Workers | Childbirth by Health Workers |
| n | % | n | % | n | % |
| Support | 18 | 37,5 | 30 | 62,5 | 48 | 100 | 0,009 |
| Does not support | 0 | 0 | 13 | 100 | 13 | 100 |
| Total | 18 | 29,5 | 43 | 70,5 | 61 | 100 |

Table 4. Relationship between Health Facilities and the selection of Childbirth Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| Access to Health Facilities | Election of Assistant Assistant | Total | *P-*Value |
| Childbirth by Health Workers | Delivery by a shaman |
| n | % | n | % | N | % |
| Akses mudah | 3 | 13,0 | 20 | 87,0 | 23 | 100 | 0,028 |
| Akses Sulit  | 15 | 39,5 | 23 | 60,5 | 38 | 100 |
| Total | 18 | 29,5 | 43 | 70,5 | 61 | 100 |

Table 5. Relationship between Socio-Culture and the selection of Childbirth Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| Social Culture | Election of Assistant Assistant | Total | *P-*value |
| Childbirth by Health Workers | Delivery by a shaman |
| n | % | n | % | n | % |
| Mendukung | 15 | 27,3 | 40 | 72,7 | 55 | 100 | 0,246 |
| Tidak Mendukung | 3 | 50,0 | 3 | 50,0 | 66 | 100 |
| Total | 18 | 29,5 | 43 | 70,5 | 61 | 100 |

**DISCUSSION**

**The Relationship of Education with the Selection of Childbirth Assistance to Maternity Women**

In this study the number of respondents who had primary education chose delivery by health workers as many as 1 person (5.6%), who had secondary education chose birth attendants by health workers did not exist, and who had higher education chose labor by health workers as many as 17 people (89.5%). Whereas those who have low education choose to give birth by a dukun as many as 17 people (94.4%), and mothers who have secondary education deliver a birth by a dukun as many as 24 people (100%), and those who have a higher education do deliveries by a dukun 2 babies (10.5%).

Based on the results of statistical tests, the value of P = 0.000 <0.05 indicates that there is a significant relationship between education and the selection of birth attendants. This research is in line with research conducted by Sujatmoko, which states that the level of education has a considerable influence on someone in determining the birth attendant and place of delivery. Education can affect one's intellectual power in deciding on a matter, in terms of childbirth assistance. The education of mothers who lack intellectual power is also still limited, so their behavior is strongly influenced by others. Based on the experience of researchers in conducting interviews, with some respondents who were given questions about the dangers in pregnancy and friendship many of the respondents answered that if a hazard occurred then the respondent would go to a health facility.(4)

There is a relationship between education and the selection of birth attendants because the level of education is very influential in the selection of birth attendants. Respondents with higher education will be more comfortable doing services in health facilities because they already have a lot of information. Whereas respondents with a low level of education are more likely to choose delivery to non-health facilities. Education is a conscious effort to develop personalities and abilities inside and outside of school that lasts a lifetime. The higher a person's education, the higher his awareness of the rights he has, this condition will increase guidance on the right to obtain information, the right to refuse/accept the treatment offered.

**The Relationship of Work with the Selection of Maternity Assistance Birth Assistance**

In this study, the number of respondents who worked and chose birth attendants by health workers was 17 people (89.5%), and those who did not work chose birth attendants by health workers as many as 1 person (2.4%), while those who worked and chose assistants deliveries by dukuns are 2 people (10.5%) and those who do not work choose birth attendants by dukuns as many as 41 people (97.6%). Based on the results of statistical tests, the value of P = 0.000 <0.05 indicates that there is a relationship between work and the choice of birth attendants.

This study is in line with research conducted by Sujatmoko which states that the work of mothers is related to the selection of birth attendants because working women have better access to health information.(4)
Based on the researcher's experience in conducting interviews with several respondents, stated that they do not work assuming that a wife does not have enough time to work outside the home because they are busy taking care of household needs, and also the lack of jobs available for mothers, so many of them who only rely on income from her husband. There is a relationship of work with the selection of birth attendants. Women who work have better access to information because of the workplace, they also get information about safe delivery. The wife's work is a task that is the responsibility of a person or group of people to complete well the status of work will affect family income. Mothers who work will make money and increase family income at work as well as mothers can get information about health.(5)

**Relationship between Family Support and the Selection of Maternity Assistance Labor**

In this study, the number of respondents who had family support and chose to deliver was assisted by 18 health workers (37%), and those who did not support families to deliver were assisted by health workers. Whereas respondents who supported childbirth were assisted by 30 dukuns (62.5%), and those who did not support childbirth were assisted by 13 shaman (70.5%).

 Based on the results of statistical tests, the value of P = 0.009 <0.05 indicates that there is a relationship between family support and the choice of birth attendants.

Based on the researchers' experience in conducting interviews with several respondents. Respondents stated that their family supports giving birth to a health facility because now if we give birth at our house in a fine.

This study is in line with research conducted by Eni Trimayanti et al, conducted in Kalimantan which states that family support is related to the choice of childbirth assistance because family support is the main system for providing direct care for any health or illness.(6)

The Zambia study found that women lacked the autonomy of decision making regarding child birth, the dependence of husbands and other family members for final decisions, and various physical, socioeconomic barriers meant long distance, lack of money for transportation and requirements for carrying baby clothes and food while living in clinic. Besides the socio-cultural norms regarding childbirth, negative attitudes towards the quality of services provided at the clinic make most women give birth at home. Most women have a positive attitude towards TBAs and label them as respectful, skilled, friendly, trusted, and available when they need them.(7)

 The relationship between family support and the choice of birth attendants who have support from families is more likely to choose health workers in comparison with mothers who do not support. Social support and good social relations will make an important contribution to health. Family support affects a person's behavior in the emergence of health measures. The decision to choose health facilities in the family involves at least 5 support roles, this support is held by husband, wife, children, parents and family members. Family support is anything that is provided by providing assistance in the form of emotional support, material, advice, information and positive judgment used to restore social functions. Support from the family in the delivery process is very important, because if there is a delay in referring and bringing the mother to an adequate health facility it will endanger the life of the mother and her baby.(4)

**Relationship of Access to Health Facilities with the Selection of Maternity Assistance Labor**

In this study the number of respondents who had easy access and chose birth attendants by health workers was 3 people (13.0%) and access was difficult to choose birth attendants for health workers by 15 people (39.5%), while those who chose easy access and chose birth attendants assisted by TBAs were 20 people (87.0%) and access was difficult and chose birth attendants by TBAs were 23 (60.5%).

Based on the results of statistical tests, the value of P = 0.028 <0.05 indicates that there is a relationship between access to health services and the selection of birth attendants.

This study is in line with research conducted by Amalia, obtained p value 0.004 <α 0.005, this means that HO is rejected or there is an effect of distance to the place of health care by the choice of affordability delivery assistants based on distance and whether there are private or public vehicles to reach the nearest health facility.(8)

The Tanzania study states that significant achievements have been made in terms of promoting pregnancy and services related to delivery through skilled health workers. Pregnant women have a high level of awareness and clearly prefer to give birth in a health facility. Unlike in rural areas where sufficiently trained health workers and complete health facilities are not yet key, they prefer to be born at home with the help of a relative.(9)

The relationship between the selection of birth attendants and access to maternal health facilities that have easy access is better to give birth to health facilities and mothers who have difficult access they prefer to work with non-health facilities. The potential of a mother to get proper help from professionals during childbirth is greatly played by the distance between the mother's house and the helper. Long distances limit the ability and willingness of the mother to seek health services as intended in her search for childbirth helpers who can help her at the time of delivery.(10)

**The Socio-Cultural Relationship with the Selection of Maternity Assistance Labor**

In this study the number of respondents who did not support social culture to deliver labor by 15 health workers (27.3%), and supported choosing 3 health worker birth attendants (50.0%), while those who did not support social culture to choose labor delivery by dukun as many as 3 people (50%), and socio-cultural support for selection of birth attendants by dukun as many as 40 (72.7%). Based on the results of the statistical test, the value of P = 0.246> 0.05 means that there is no relationship between social culture and the selection of birth attendants.

This study is not in line with research conducted by Amalia which states that there is a relationship between the choice of birth attendants and socio-cultural. Cultural factors have a huge influence on the selection of birth attendants in villages, given that there are several villages that are isolated and difficult to reach by health facilities and medical personnel so that this opens opportunities for traditional birth attendants, and will increase community trust in traditional birth attendants.(8)

Rural Tanzania Study found that shamans treated post partum women with rituals that were valued by women. They reported lack of formal postpartum care training, and made them unprepared to detect and manage postpartum complications. Despite their lack of preparation they try to provide care for some post-partum complications that can endanger women's health. Traditional healers and families assume that the use of post-natal services in the hospital is only among mothers and infants who have complications and they cannot handle.(11)

The high socio-cultural beliefs encourage mothers to deliver birth assistance by a dukun, and there are some mothers who support the socio-cultural existence and continue to provide birth assistance by their health workers stating that during pregnancy they experience complications so they must deliver birth assistance in health workers Even though they do deliveries in health workers, they still call the shaman to accompany him because according to their belief, the dukun can accelerate the delivery process because the baby provides water that has been read the prayers by the shaman.

Socio-culture is one of the factors that influence a person in choosing a place to help his delivery. In some areas of birth by a dukun it has become a habit so that the trust in a dukun is higher when compared to health workers. The high level of community trust in traditional birth attendants causes a high percentage of births by traditional birth attendants.(6)

**CONCLUSION**

There is a relationship between education and the selection of birth attendants because the level of education is very influential in the selection of birth attendants. There is a relationship between work and the selection of birth attendants because working mothers have better access to information about safe birth place or birth attendants. There is a relationship of family support with the selection of maternity birth attendants who have support from families more likely to choose health workers in comparison with mothers who do not support. There is no relationship between socio-culture and the selection of birth attendants due to the high trust of mothers to provide birth assistance by traditional birth attendants**.**

**REFERENCES**

1. Kementrian Kesehatan Republik Indonesia., 2015. *profil Kesehatan Indonesia Tahun 2014*.

2. Okeke et al 2017. Going to scale: design and implementation challenges of a program to increase access to skilled birth attendants in Nigeria. BMC Health Serv Res. 2017 May 18;17(1):356. doi: 10.1186/s12913-017-2284-2.

3. Dinas Kesehatan Pulau Taliabu 2018.

4. Sujatmoko, Sujatmoko, Sulastri, Arief Wahyudi Jadmiko. Gambaran Faktor-Faktor Ibu Bersalin Dalam Memilih Pertolongan Persalinan Dengan Bantuan Dukun Bayi Di Puskesmas Wonosegoro II Boyolali. (Online). (<http://eprints.ums.ac.id/39230/>).

5. Karningsih, Mardiana, Therssia. 2015. Karakteristik Ibu Berhubungan Dengan Pemilihan Tenaga Penolong Persalinan. Jurnal Ilmu dan Teknologi Kesehatan, Vol. 2, Nomor 2, Maret 2015, hlm : 41-47.

6. Trimayanti E, Mardian., Hermawan AD. 2016. *Faktor-faktor yang berhubungan dengan memilih dukun bayi sebagai penolong persalinan pada ibu primipara di Wilayah kerja Puskesmas Kakap dan puskesmas Sui Rengas*. (Online). (http://repository.unmuhpnk.ac.id/292/).

7. Sialubanje, Cephas. 2015.Reasons for home delivery and use of traditional birth attendants in rural Zambia: a qualitative study[BMC Pregnancy Childbirth.](https://www.ncbi.nlm.nih.gov/pubmed/26361976) 2015 Sep 11;15:216. doi: 10.1186/s12884-015-0652-7. https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0652-7.

8. Amalia. Lia, 2013. *Faktor-Faktor Yang Mempengaruhi Ibu Dalam Pemilihan Penolong Pesalinan Di Puskesmas Gorontalo,* Jurnal Sainstek Universitas Negeri Gorontalo. Vol 07. No 02.

9. Pfeiffer. Contanze., Mwaipopo Rosemarie. 2013. *Delivering At Home Or In A Health Facility? Health-Seeking Behaviour Of Women And The Role Of Traditional Birth Attendants In Tanzania.* BMC Pregnancy and Childbirth Vol 13 Article number 55. https://bmcpregnancychildbirth.biomedcentral. com/articles/10.1186/1471-2393-13-5.

10. Nurhapipa, Zurni Seprina. 2015. Faktor Yang Mempengaruhi Ibu Dalam Memilih Penolong Persalinan Di Puskesmas XIII Koto Kampar I. **Jurnal  KesehatanKomunitas (Journal Of Community Health)**(p-ISSN**: *2088-7612*,** e-ISSN**: *2548-8538***) http://jurnal.htp.ac.id/index.php/keskom/article/download/90/74/.

11. Mahiti R, Gladys 2015. “We have been working overnight without sleeping”: traditional birth attendants’ practices and perceptions of post-partum care services in rural Tanzania. *BMC Pregnancy and Childbirth* volume 15, Article number: 8 (2015).