Factors Related to Prospective Labor Selection by Pregnant Mother in Tosiba Primary Health Care, Kolaka District

Abstract

The use of birth assistance in Indonesia by midwives in the community is still low (77.03%) if compared to the target indicator of delivery must be 95% by Nakes. This study aims to determine the factors associated with the selection of labor assistants by pregnant women in Tosiba Health Center, Samaturu District, Kolaka Regency in 2017. The research variables consisted of socio-economic status, culture and distance of health facilities. Form of Analytical research with Cross Sectional Study. The number of samples is 84 respondents, using accidental sampling technique. Results of data analysis 70.2% of pregnant women chose birth attendants to health workers and 29.8% of pregnant women chose birth attendants to non-health workers. The chi-square test results have a socio-economic relationship but not significant ($x^2 = 5.403; P = 0.024$) and there is a Cultural relationship but not significant ($x^2 = 5.581; P = 0.024$), while the distance of health facilities has a significant relationship ($x^2 = 9.188; P = 0.004$). A new strategy related to the importance of delivery by Nakes in Pasyankes is very much needed through health sector programs involving cross-sectors including the implementation of continuous education to realize quality health degrees in accelerating the reduction of maternal and infant mortality, NAWACITA 2015-2019.

Key word: distance of health facilities, labor helper, social economy, culture
A. Introduction

World Health Organization defined labor is labor that begins spontaneously, is at low risk or without risk from the beginning and during labor until the baby is born in the percentage of the head with a gestational age of 37 to 42 weeks, and after delivery the mother and baby are in good condition (Kementeriaan Kesehatan RI, 2016).

The low coverage of childbirth assistance by health workers is one of the factors associated with Maternal Mortality Rate (MMR), especially in difficult access areas, (Jeni, 2015). The Maternal Mortality Rate (MMR) is one indicator that is sensitive to the quality and accessibility of health service facilities. Based on the 2012 Health Demographic Survey (IDHS), MMR was 359 per 100,000 live births related to pregnancy, childbirth and childbirth. The fifth global MDGs (Millennium Development Goal) target is to reduce MMR to 102 per 100,000 live births in 2015 (Depkes RI, 2016).

The partnership activities of midwives and traditional birth attendants are one alternative to improve professional performance. Midwives in changing the role of traditional birth attendants in terms of care from birth to examination of pregnant women including birth attendants with clear rights and obligations, based on agreement; as well as prenatal care and childbirth assistance no longer carried out by the dukun, but referred to the midwife. (Tonash. 2013). The strategy and policy of the ministry of health related to the Maternal and Child Health (KIA) program through partnership activities between midwives and traditional birth attendants and birth waiting houses have developed as an effort to accelerate the reduction of MMR in Indonesia. (Kementerian Kesehatan RI, 2016).

The Maternal Mortality Rate (MMR) is one of the most sensitive and crucial indicators of the quality and accessibility of health service facilities. (Infodaktin, 2013). Based on the 2012 Demographic and Health Survey (IDHS), MMR was 359 per 100,000 live births related to pregnancy, childbirth and childbirth. (Yuliana, 2016).

Various factors, such as Access (geography, capacity, service quality, and distribution of health facilities and financing systems), Human Resources (qualifications, competence, distribution / distribution, and availability) and Population (education level, socio-cultural factors, economy, poverty, purchasing power and population density), as well as the policies and political will of the government (which regulates, and seeks the affordability of access to health, and Human Resources). (Riskesdas. 2013).

Family income is very decisive in choosing delivery assistance to health workers. Shamans are considered economically cheaper because the costs offered are not specifically benchmarked, but rewards are social. Therefore the central government organizes health insurance programs for all poor people with the aim of increasing access to and quality of health services optimally, effectively and efficiently. (Budiono, 2014). If in terms of effectiveness and level of safety in choosing a dukun birth attendant compared to a midwife viewed from the method of delivery, then from the beginning the midwife suggested that every pregnant woman pay attention to balanced nutrition, early detection of risks in pregnancy and explain the early symptoms of labor abnormalities. (Barri, 2014).

Maternal mortality is generally classified as still high with an average of 4 cases per district caused by several factors, including delays in handling complication cases, low knowledge and awareness of the community to check pregnancies to health workers, reluctance to give birth at available health facilities and more choose to be a shaman when giving birth. The average coverage of childbirth assistance by Southeast Sulawesi health workers in 2015 reached 88.91%, almost reaching the target (Dinkes Provinsi Sultra, 2016). Several factors are the cause, including the choice of the community towards the birth attendants who are still quite high, difficult health facilities with inadequate transportation facilities, advocacy against the local government that is not
optimal, or often found that health workers are not in place when needed, so that people switch to give birth to a dukun (Suito, 2015).

Data for pregnant women in 2016 in Samaturu Subdistrict were 508 people, as many as 407 pregnant women who were assisted by health workers and 101 people were assisted by traditional birth attendants. Whereas in 2017 there were 517 pregnant women. Of 370 births, it turned out that 285 pregnant women were assisted by health workers (health workers) and 85 people gave birth in the help of non-health workers or traditional birth attendants. This data shows that childbirth assistance carried out by health workers is still very far from the expected target where the achievement target of delivery assistance for Southeast Sulawesi by health workers (95%), while the calculation of labor delivery is only 72.03% and assisted by non-health workers 22.97%. As a result of lack of knowledge and skills of dukun about danger signs of pregnancy, labor and management of pregnancy complications as well as emergency emergence of labor, there were various cases of complications in pregnant women and during childbirth that were late detected early, so they were late in receiving help. (Profil Puskesmas, 2017).

Previous research conducted by Alhidayati (2016), explained that childbirth assistance by trained health workers was very important in the effort to reduce MMR, from the number 13 (100%) respondents showed that the mother’s decision in choosing a support helper was closely related to knowledge, attitudes, aspects social culture and family support and access to health care facilities.

B. Literature Review

1. Definition of Labor

Labor is the process by which the baby, placenta and membranes emerge from the mother’s uterus. Labor begins (inaprtu) since the uterus contracts and causes changes in the cervix (opening and thinning). (Depkes RI, 2015). Normal labor is the process of expelling the results of conception from the uterus at 37–42 weeks gestation characterized by contractions that cause thinning and dilation of the cervix. The occurrence of normal labor does not mean there are no complications, but many possibilities can occur. One of the complications is preterm labor. (Evi Soviyani, 2016).

Forms of Labor:

a) Normal childbirth is the process of the birth of a baby with his own mother’s power without the aid of a tool and does not injure the mother and baby which generally lasts less than 24 hours.

b) Childbirth Assistance which is the process of labor assisted by external personnel such as force extraction or secio caesaria (SC) surgery.

c) Labor Prompts, which are predictions of labor, cause difficulties through the breakdown of membranes, administration of pitocin or prostaglandin (Widia Shofa Ilmiah, 2015).

Important Factors in Labor

a) Passenger, the fetus affects the process of labor, the biggest and hardest part of the fetus is the head that affects the labor process and most are injured during labor, so that it can endanger the life and life of the fetus (perfect life, disability or eventually death).

b) Passage, the birth canal has an influence on labor, where the birth canal is divided into (hard parts of the pelvis / pelvis) and the soft part (muscles / tissues and ligaments).

c) Power, energy that influences labor is the energy of the mother straining and the force that drives the fetus out is its or uterine contractions.

d) Psychology, maternal psychology influences labor because it greatly affects the emotional state of the mother during labor.

e) Helper, helper affects the delivery process, if labor is helped by a doctor, midwife, will run smoothly and safely (Widia Shofa Ilmiah, 2015)
2. Definition of Pregnancy

Pregnancy starts from conception until the birth of the fetus, the length of normal pregnancy is 280 days (40 weeks or 9 months 7 days) calculated from the first menstrual period. Pregnancy is divided into three quarters, namely the first quarter begins and conception until the age of 3 months of pregnancy, the second quarter from the fourth month to 6 months of gestation, the third quarter from the seventh month to 9 months of pregnancy (Saifuddin. 2014). Antenatal Care Services (ANC) is a service of health personnel during pregnancy according to standards, including history taking, physical examination, laboratory and risk-appropriate interventions found in examinations through treatment, known as 10 T (Weigh, Tensi, Determine LILA, Fundus Height Determine presentase and DJJ, TT, Iron Table, Laboratory Test, Case Management and Speech Meeting). (Jenny JS Sondakh. 2015).

3. Antenatal Health Service Providers are competent health workers in providing antenatal care to pregnant women such as: obstetricians, doctors, midwives, and nurses. (Farich, 2012)

4. Overview of Childbirth and Non-Health Labor Assistants

a. Childbirth assistance Health workers

Childbirth assistants are in charge of village midwives who have their respective villages. According to WHO, midwives are someone who has been regularly recognized in midwifery education programs and is recognized as a juridical scale and has been qualified, registered and licensed to carry out midwifery practices in that country. This is in line with Kepmenkes Number 1464 / Menkes / SK / VII / 2010 Chapter I Article 1. (Kemenkes, 2010).

b. Childbirth assistance by non-health workers / traditional healers

Traditional birth attendants are people who are considered skilled and trusted by the community to help deliver and care for the mother and child according to the needs of the community, generally a woman who has trust and has traditional birth assistance skills and acquires skills by hereditary from mother to child or from other close family. learn in practical or other ways that lead to the improvement of these skills or through health workers. Mistakes that are often carried out by traditional birth attendants so as to result in maternal and infant deaths, including:

1) The occurrence of uterine tears due to the act of pushing the baby from the outside.

2) Postpartum hemorrhage is caused by sequencing the uterus at time III.

3) The occurrence of long-term labor, because they do not know signs, abnormalities and hazards and are reluctant to refer to the health center or hospital. (Parenden, 2015).

The role of TBAs when partners with midwives is to inform pregnant women to give birth to health workers on the basis that delivery assistance by health workers is safe delivery. Midwives can appropriately assess the onset of labor, provide adequate services and monitoring early detection of emergencies and immediately refer to them if needed by paying attention to the needs of the mother during labor.

5. Factors related to the selection of labor assistants:

a. Economic status, everything is pleasing to the family’s economic condition. employment, income, number of dependents and family, and community support. Social factors tend to influence a person’s decision to choose health services including the decision to choose delivery assistance, these factors include low family income, where people who do not have enough money are certainly very
difficult to get safe and quality services. Poverty, ignorance and backwardness cause women not to know their reproductive rights in decision making. Although it concerns the safety and welfare of himself. The level of welfare of a household can be seen clearly through the amount of income received by households. Data on household income obtained from the national socio-economic survey uses the household expenditure approach as an indicator of production. (Elita ivana, 2013)

b. Culture includes knowledge, beliefs, arts, morals, laws, customs and abilities and habits that humans get as members of society. The concept of norms about traditional birth attendants in several previous studies shows results that are not much different from those of midwives or other health workers, so that in the implementation of delivery assistance services in the community it shows a balance between midwives and traditional birth attendants. (Sumaryoto, 2014).

c. Beliefs, beliefs or descriptive ideas that someone has towards something that describes the evaluation, feelings and tendencies of someone will feel effective and consistent towards an object and idea. As a social creature such as a pregnant woman, she will give her views on labor assistants based on her beliefs. Psychologically, belief factors play a major role in determining one’s perception of others and determining behavior. (Notoatmodjo, 2014).

d. Distance of Health Facilities, accessibility is one of the contributing factors in determining health services in the value of travel time, and the availability of transportation to reach the location of health services. The duration of the trip, the type of transportation or other physical barriers that can prevent a person from getting health services. The farther the distance between the place of residence and the place of activity will further reduce one’s motivation in carrying out activities. The influence of the distance between residence and place of activity is inseparable from the amount of costs used and the long time. The connection with public awareness of the importance of health is still low, so the distance between housing and health care places influences their behavior (Parenden, 2015). Based on the 2013 Basic Health Research that the distance to health services is classified into (near) less than 1 to 5 kilometers, more than 5 kilometers (medium) and (far) distances of more than 60 minutes (> 60 ’) . (Yudianto, 2013)

C. Methodology

1. Research Design

   This type of analytical research uses the Cross Sectional Study design, conducted at the Tosiba Health Center, Samaturu District, Kolaka Regency. (Notoatmojo, 2015)

2. Population and Sample

   The population in this study were all Hami mothers at Tosiba Health Center, Samaturu Subdistrict, Kolaka District with 517 people with accidental sampling techniques so that all pregnant women in the third trimester with a total of 84 people.

3. Technique of Data Collection

   Primary data obtained from the results of direct interviews with respondents covering the character of the sample checklist and secondary data obtained from medical records and KIA reports.

4. Instruments

   The research instrument used was a questionnaire containing statements about: economic, cultural and distance status of health facilities.

5. Technique of Data Analysis

   Data analysis was carried out using SPSS 21 for statistical tests using univariate and Chi square.
C. Findings and Discussion

1. Findings

   a. Univariate Analysis

   **Table 1.** Distribution of respondents based on the selection of labor assistants at the Tosiba health center, Samaturu subdistrict, Kolaka district.

<table>
<thead>
<tr>
<th>Childbirth Helper</th>
<th>F</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Health Workers</td>
<td>25</td>
<td>29.8</td>
</tr>
<tr>
<td>Health workers</td>
<td>59</td>
<td>70.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Description: Table 1 shows that of 84 pregnant women (100%) there were 25 pregnant women (29.8%) who chose to give birth to non-health workers and 59 pregnant women (70.2%) chose to give birth to health workers.

**Table 2.** Distribution of Frequency of Respondents Based on Socio-Economic Factors at Tosiba Health Center, Samaturu District, Kolaka Regency.

<table>
<thead>
<tr>
<th>Economic status</th>
<th>F</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>29</td>
<td>34.5</td>
</tr>
<tr>
<td>Good</td>
<td>55</td>
<td>65.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Description: Table 2 shows that of 84 pregnant women (100%) who became samples there were 29 pregnant women (34.5%) who had less economic status and 55 pregnant women (65.5%) had sufficient socio-economic conditions.

**Table 3.** Frequency distribution of respondents based on Cultural Factors At Tosiba Health Center, Samaturu District, Kolaka Regency

<table>
<thead>
<tr>
<th>Culture</th>
<th>F</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>29</td>
<td>34.5</td>
</tr>
<tr>
<td>Does not support</td>
<td>55</td>
<td>65.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Description: Table 2 shows that of 84 pregnant women (100%) who were sampled there were 29 pregnant women (34.5%) who had a culture that was not supportive and 55 pregnant women (65.5%) had a supportive culture.

**Table 4.** Respondent Frequency Distribution of Distance to Health Facilities At Tosiba Health Center, Samaturu District, Kolaka Regency

<table>
<thead>
<tr>
<th>Distance to emergency facilities</th>
<th>F</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far</td>
<td>36</td>
<td>42.9</td>
</tr>
<tr>
<td>Close</td>
<td>48</td>
<td>57.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Description: Table 4 shows that of 84 pregnant women (100%) who were sampled there were 36 pregnant women (42.9%) who had long-distance perceptions and 48 pregnant women (57.1%) had close perception.
b. Bivariat Analisis

Table 5. Relationship between Socio-Economic Factors and the Selection of Maternity Assistants at Tosiba Health Center, Samaturu District, Kolaka Regency

<table>
<thead>
<tr>
<th>Economic Status</th>
<th>Health workers</th>
<th>NonHW</th>
<th>Total</th>
<th>$X^2$</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Less</td>
<td>25</td>
<td>29.76</td>
<td>21</td>
<td>25</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>70.24</td>
<td>4</td>
<td>4.76</td>
<td>84</td>
</tr>
</tbody>
</table>

Description: Table 5 shows that there is a relationship between the selection of birth attendants and the economic status seen from the chi-square value obtained by $X^2 = 5.403 > X^2_{table} = 3.841$ at a significant level of $P$-value $= 0.024 < 0.05$, then the hypothesis is accepted shows the relationship between the selection of birth attendants with socio-economic conditions.

Table 6. Relationship of Cultural Factors to the Selection of Childbirth Assistants at Tosiba Health Center, Samaturu District, Kolaka Regency

<table>
<thead>
<tr>
<th>Culture</th>
<th>Health Workers</th>
<th>NonHW</th>
<th>Total</th>
<th>$X^2$</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Tidak</td>
<td>43</td>
<td>51.20</td>
<td>12</td>
<td>12.28</td>
<td>55</td>
</tr>
<tr>
<td>Mendukung</td>
<td>16</td>
<td>19.04</td>
<td>13</td>
<td>15.48</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>70.24</td>
<td>25</td>
<td>29.76</td>
<td>84</td>
</tr>
</tbody>
</table>

Description: Table 6 shows that there is a relationship between the selection of labor assistants and Cultural factors which are seen from the chi-square value obtained by $X^2_{count} = 5.581 > X^2_{table} = 3.841$ at the significant level $P$-value $= 0.024 < 0.05$, then the hypothesis is accepted shows the relationship between the selection of labor assistants with Cultural Factors.

Table 7. Relation of Distance of Health Facilities to the Selection of Childbirth Assistance Workers at Tosiba Health Center, Samaturu District, Kolaka Regency

<table>
<thead>
<tr>
<th>Distance to health facilities</th>
<th>Health Workers</th>
<th>NonHW</th>
<th>Total</th>
<th>$X^2$</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Far</td>
<td>40</td>
<td>47.62</td>
<td>8</td>
<td>9.52</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>70.24</td>
<td>25</td>
<td>29.76</td>
<td>84</td>
</tr>
</tbody>
</table>
Discussion: Table 7 shows that there is a relationship between the selection of birth attendants and the Distance of Health Facilities seen from the value of chi squares obtained results, namely $X^2$ count = 9.188 > $X^2$ table = 3.841 at a significant level P-value = 0.004 < 0.05 then the hypothesis is accepted that indicates a relationship between the selection of birth attendants and the Distance of Health Facilities.

2. Discussion

This study found that socio-economic relations in selecting labor assistants to health workers with good family income were 40.48% while those of mothers who chose labor assistants to health workers with a low family income of 29.76%, while for mothers who chose non-delivery birth attendants health with good family income of 25%, and around 4.76% having less family income. This indicates that families with low income will use non-health workers or traditional birth attendants in childbirth assistance, considering that the costs of dukun workers are relatively cheaper, much cheaper. The results of the bivariate analysis related to the relationship between the selection of labor assistants with the economic status seen from the chi square values were obtained at a significant level of P-value = 0.024 < 0.05, the hypothesis was accepted which indicated a relationship between the selection of birth attendants and socio-economic. This situation reflects that pregnant women from families with high income tend to be more dominant in choosing health workers than non-health workers and pregnant women with family income more or less choose birth attendants to non-health workers due to lack of family income and low labor costs and payments can be made at any time without having to pay when the pesalinan process is complete so that it is easier for the mother and family. This is in line with the study of Abbas and Kristiani (2006), that the use of midwives tended to be for women with high income, while lower income people actually preferred dukuns, because they had perceptions that childbirth assistance by health workers was expensive and some communities stated lack of trust in the health services of midwives in the village, because the midwife is still too young and unmarried so she does not have experience especially in laboring for the mother.

The cultural relationship with the selection of labor assistants at Tosiba District Samaturu District Health Center in Kolaka Regency showed that there was a correlation between the selection of labor assistants and cultural factors seen from the chi square value at the significant level of P-value = 0.024 < 0.05. accept that shows a relationship between the selection of labor assistants with Cultural Factors. Besides that, it also reflects that cultural factors have an influence on labor assistants because in Samaturu sub-district itself still has a dukun in each village, and there are 7 isolated areas that are relatively difficult to reach by health facilities and health workers, thus opening up opportunities non-health workers or traditional birth attendants to carry out medical actions, especially childbirth assistance, and will increasingly foster a permanent and cultured thinking for the community to use the dukun as a delivery helper. The results of this study are in line with Bangsu’s (2001) study that the social environment and customs are the variables most associated with the selection of labor assistants, in proportion show 83.91% of mothers who have a less supportive social environment choose a dukun for childbirth assistance compared to delivery assistance by a midwife.

The results of this study also show that there is a relationship between the selection of labor assistants with Distance Health Facilities seen from the value of chi squares obtained at a significant level of P-value = 0.004 < 0.05, the hypothesis is accepted which means there is a relationship between the selection of labor assistants with Distance to Health Facilities. The mother’s perception of the distance of her home to health facilities can influence the decision of the mother in the selection of labor assistants to health workers. Most mothers want close proximity to health care facilities. Changes in behavior in a person, can be known through perception. Perception is an experience that is generated through the senses of sight, hearing, smell and so on. And everyone has different perceptions in making choices including determining the delivery helper. The distance of houses to health facilities also affects the use of services, the farther the
location of health services the more individuals / communities feel more about using services.

D. Conclusion

Based on the results of research and discussion, it can be concluded that pregnant women who choose labor assistants to health workers as much as 70.2%, and 29.8% chose auxiliary workers to non-health workers and pregnant women with good socio-economic as much as 65.5% and 34.5% had less socio-economic conditions. Pregnant women with a culture that supports as much as 65.5% and 34.5%, culture does not support. including Pregnant Women with a Distance of Near Health Facilities as much as 57.1% and 42.9% having a distance from distant health facilities; thus there was a socio-economic relationship (p = 0.024) with the selection of labor assistants in the tosiba health center in samaturu district, kolaka. and There was a Cultural relationship (p = 0.024) with the selection of labor assistants in the tosiba health center in samaturu sub-district, Kolaka district, and there was a significant correlation between the distance of health facilities (p = 0.004) with the selection of labor assistants in the tosiba health center in Samaturu District, Kolaka District. Hopefully this research can provide new and knowledge-enhancing studies for researchers, students and lecturers especially those in charge of health and to all communities in the Tosiba Community Health Center work area, especially for pregnant women to conduct health checks and prenatal examinations to midwives, so that deaths do not occur again mother and baby that were repeated in the previous year as a delivery aid carried out by non-health workers. It is also expected that the Head of the Tosiba Community Health Center should increase health education, especially counseling about the importance of labor inspection and assistance by medical personnel such as midwives. . It is expected that the next researcher will conduct research with other variables related to the factors that make pregnant women choose birth attendants to non-health workers, so dig deeper about the causes of pregnant women to deliver to non-health workers not to health workers.

E. References


