

Original Article

Factors Associated With The Choice Of Place For Delivery Assistance To Pregnant Women In The Third Trimester

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ARTICLE INFO	ABSTRACT
<p>Article History: Submit : May 1, 2022 Revised : May 20, 2022 Accepted : May 24, 2022 Online : June 30, 2022</p> <p><i>Center Keywords:</i> Knowledge, Attitude, Distance, Place of delivery assistance</p>	<p><i>Background:</i> The low coverage of deliveries in health facilities is 64.66% of the 100% target in 2020, one of which is caused by the lack of knowledge of pregnant women about the importance of giving birth in health facilities. This study aimed to determine the factors associated with the choice of place for delivery assistance to pregnant women in the third trimester in the working area of the Public Health Center Bengkunt Belimbing In 2021.</p> <p><i>Method:</i> This research design is a descriptive non-experimental, correlational research with a cross-sectional method. The population in this study were all third-trimester pregnancies in November 2021, with 32 pregnant women. The sample amounted to 32 respondents, third trimester of pregnant women taken from the population using the Total Sampling technique. Bivariate analysis in this study used the chi-square test with an alpha value (α) of 0.01.</p> <p><i>Result:</i> The research result obtained values for each research variable, including mother's knowledge with a p-value of 0.000, mother's behavior with a p-value of 0.000, and distance to health care facilities with a p-value of 0.006.</p> <p><i>Conclusion:</i> From the results of this study, the researchers suggest optimizing the intervention of problems related to factors related to the choice of place for delivery assistance, namely increasing health education about the importance of giving birth in health facilities to mothers and families, optimizing the use of the Birth Waiting House (RTK) and proposing to the village or local governments in the construction of health service facilities, especially in remote areas.</p>
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Introduction

Health is a state of complete physical, mental and social well-being that enables everyone to live socially and economically productive lives. Several indicators can assess the degree of health in a country. These indicators are generally reflected in morbidity, mortality, and nutritional status conditions. Mortality indicators are described from the Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (AKN). If the AKI and AKN in a country are low, then health services are good in that country, and vice versa. If the AKI and AKN are high, then the health services in that country are not good (Deianira et al., 2016)

According to *the World Health Organization* (WHO), in 2017, the Maternal Mortality Rate (MMR) in the world reached 296,460 cases, meaning that around 810 mothers in the world die due to childbirth every day. Of all maternal deaths, 94 percent occur in lower-middle-income countries. *Sustainable Development Goals* (SDG's) in 2030 have targets, namely the Maternal Mortality Rate (MMR) is targeted to be lower than 70/100,000 KH, and the Infant Mortality Rate (IMR) is lower than 12/1000 KH (Andini, 2020; *Kesehatan Dalam Kerangka Sustainable Development Goals (SDGs)*, 2015; WHO, 2010). The maternal mortality rate in Indonesia is still high but continues to decline during the 2012-2017 period. In 2012, the MMR in Indonesia was 359/100,000 KH. This figure decreased to 305/100,000 KH in 2015, and in 2017, MMR experienced another

decline to 177/100,000 KH. Even though it continues to decline, this figure is still very far from the SDG's target of 70/100,000 KH. Meanwhile, the Indonesian AKN is 15/1000 KH according to the 2017 IDHS (Kemenkes, 2011, 2014, 2017, 2018, 2020). Based on the 2018 Basic Health Research results, it was found that the national achievement for the Lakes indicator in 2018 was only 82.5% of the MDG's target of 90%. The proportion of deliveries at the Health Facilities was 79.3%. That data shows that deliveries carried out in Non-Health Facilities are still relatively high, at 20.7% (Kemenkes, 2012). The high national AKI and IMR are in line with the achievements of Lampung Province, wherein in 2018, there were 69 cases of maternal mortality and 3 cases of infant mortality. Meanwhile, the coverage of the Lampung Province Linakes indicator in 2018 was only 80.5%, 80.5% of Linfaskes coverage, and 19.5% in non-Fasyankes (Kemenkes, 2020). For Pesisir Barat Regency, there were 6 cases of maternal death in 2018, 4 cases of maternal death in 2019, and 7 cases in 2020. For cases of neonatal death, there were 10 cases in 2018, 9 cases in 2019, and 2013. 2020 has increased to 18 cases (Kemenkes, 2020). The achievements of Linakes and Linfaskes in Pesisir Barat Regency in 2018 were 94.01% for Linakes and 88.09% for Linfaskes. In 2019, the achievement of Linakes was 84.21%, and Linfaskes was 79.35%. In 2020, the achievement of Linakes was 85.09%, and Linfaskes was 80.85% (Kemenkes, 2020). Data on maternal deaths in Bangkuntan District, namely, in 2018, there were 2 cases, in 2019, there were no cases,

and in 2020, maternal deaths occurred again with a total of 1 case. In 2018, there were 6 cases of neonatal deaths, 5 cases in 2019, and an increase in 2020 with 9 cases. Meanwhile, in 2018 the coverage of Linakes was 72.7%, Lindukun was 27.3%, and Linfaskes was 79.4%. In 2019, the coverage of Linakes was 77.1%, Lindukun was 6.5%, and Linfaskes was 77.1%. In 2020, the coverage of Linakes was 82.2%, Lindukun was 9.17%, and Linfaskes was 59.08%.

One of the reasons for the high AKI and AKN is delivery not in a health facility. In the labor process, there is the possibility of complications during delivery such as bleeding, infection, preeclampsia/eclampsia, prolonged/obstructed labor, and uterine rupture requiring obstetric management without any prior planning. In the implementation of obstetric management, complete equipment is needed, while the equipment available for the birth process at home is not as complete as in health facilities (Simanjuntak, 2019).

Through the Ministry of Health of the Republic of Indonesia, the Government of Indonesia continues to strive to reduce MMR and AKN in Indonesia by optimizing deliveries assisted by trained health workers and delivering deliveries in health care facilities, such as Public Health Center hospitals or others. That is a mandate from the Minister of Health Regulation Number 97 of 2014, Article 14 Paragraph 1, which reads "Delivery Must Be Done in Health Facilities" (*Kesehatan Dalam Kerangka Sustainable Development*

Goals (SDGs), 2015).

Although the Ministry of Health of the Republic of Indonesia has made it mandatory for deliveries to be carried out in health facilities, the facts on the ground are that there are still many mothers who give birth, not in health facilities. According to Green (1980) in (Wahmad, 2017), the factors that influence a person to utilize health services are predisposing factors (knowledge, attitudes, education, age, occupation, beliefs, and traditions/culture), supporting factors (availability or unavailability health facilities and facilities, distance to health services, delivery costs, health insurance), driving factors (history of family birth attendant, husband/family support, cadre support, behavior of health workers, behavior of the surrounding community) (Wahmad, 2017) research shows that there is a relationship between the level of education (p-value: 0.021), family support (p-value: 0.011), distance (p-value: 0.000) with the choice of place of delivery in the work area of the Kandangserang Health Center, Pekalongan Regency in 2017. The results of another study showed that there was a relationship between maternal knowledge about delivery facilities (p-value: 0.001) and maternal attitudes about delivery facilities (p-value 0.003).

Based on an initial survey conducted by researchers by conducting direct interviews with pregnant women in the third trimester regarding the choice of place for delivery assistance in the Public Health Center working area. Bengkunt Belimbing Health Center, out of 5 pregnant women in the third

trimester surveyed, three pregnant women wanted delivery at home, and two pregnant women were planning to give birth at a health facility. This figure can illustrate that the interest of pregnant women in giving birth in health facilities is still low. The number of mothers who want to give birth at home is because mothers feel it is difficult if they have to give birth in health facilities. The distance and access from the mother's house to distant health facilities and economic conditions make mothers feel that the cost of giving birth in health facilities is expensive. In addition, the low level of knowledge and socio-cultural conditions that are antagonistic to the mandatory delivery program in health facilities cause many mothers to want to give birth at home. Based on the above background, it is necessary to do further research on the choice of place for delivery assistance. Therefore, researchers are interested in researching the choice of place for delivery assistance in the third trimester of pregnant women in the working area of Public Health Center Bengkunt Belimbing, Bangkunt Subdistrict, Pesisir Barat Regency in 2021.

Method

The design used in this study was a descriptive *non-experimental* correlation, namely correlation research with *cross-sectional*. This research was conducted in the working area of Public Health Center Bengkunt Belimbing Public Health Center, namely Pekon Pagar Bukit, Pekon Tanjung Rejo, Pekon Sumberejo, Pekon Pemerihan and

Pekon Jawa City and carried out on November 01 - November 14 2021. The population in this study were all third-trimester pregnant women in Pagar Bukit Village, Village of Tanjung Rejo, Village of Sumberejo, Village of Pemerihan, and Village of Jawa City in November 2021, totaling 32 pregnant women. The sampling technique used in this study is the total population to determine the number of samples is 32 pregnant women. This research has received ethical approval.

Results

1. Maternal Knowledge

results of the study obtained data that from 32 respondents, seven respondents (21.9%) had a level of knowledge in the excellent category, 11 respondents (34.4%) had a level of knowledge in the excellent category, and 14 respondents (43.8%) had a level of knowledge in the poor category. Haryono & Setianingsih (2014) in Fidiawati (2021) say that knowledge results from information stimulation that is noticed and remembered. This information can come from formal or non-formal education, conversations, reading, listening to the radio, watching television, and life experiences. An example of a life experience is the experience of giving birth before. The results of this study are 85.7% in the category good and as much as 14.3% in the excellent category. Looking at

the results of existing research and theories, the researcher considers that although most third-trimester pregnant women already have a level of knowledge in the sufficient and good category, there are still many third trimester pregnant women who have a level of knowledge in the poor category. This indicates that health education about pregnancy and childbirth is not optimal. There are many reasons why health education about pregnancy and childbirth is not optimal in the working area of Public Health Center Bengkunt Belimbing Health Center is the level of mother's awareness to take classes that are still lacking. Therefore, it is necessary to optimize health education about the importance of giving birth in health facilities in the mother's class by involving cross-sectoral roles to increase the mother's knowledge about the importance of giving birth in health facilities.

2. Mother's Attitude

The study results found that of 32 third trimester pregnant women respondents, 20 pregnant women (62.5%) had an attitude in the positive category and 12 people (37.5%). Attitude is a reaction or response that is still closed from a person to a stimulus or object. Attitudes can be had in every person's personality. The definition of attitude is typically someone who appears

outwardly in making decisions to act. The results of this study show that most of the respondents had a positive attitude, namely 42 people (61.8%), and a small number of people had a negative attitude, as many as 26 people (38.3%) in the Work Area of the Alafan Health Center, Simeulue Regency, Aceh Province in 2019. Looking at the existing research and theories, the researcher considers that the number of respondents who have attitudes in the positive category is more than those in the harmful category. However, more than a third of mothers have attitudes in the harmful category. This indicates that health education and counseling about the importance of giving birth in health facilities that have been carried out have not been intensive and effective, so there is a need for health education and counseling methods about the importance of giving birth in better health facilities by using language that is easily understood and understood by mothers and the community so that the information submitted can be responded to properly as well.

3. Distance to Health Facilities

Results showed that the distance between the mother's house and health care facilities in the close category was 18 people (56.2%), and the distance between the mother's

house and health care facilities in the far category was 14 people (43.8%). The distance and travel time of households to health care facilities are based on the type of area. The proportion of households with distance from health care facilities is in the close category of 3 km and far category 3, in urban areas it is lower when compared to rural areas. Likewise, villages with less than 30 minutes of travel time are included in the close category (Revin, 2013; Gea, 2018). The results of this study are in line with Gea's research (2018) which shows that of 76 respondents, 41 respondents (53.9%) whose house is far from health care facilities and 35 respondents (46, 1%) in the Tuhemberua Health Center Working Area, North Nias Regency in 2018 (Gea, 2018). Looking at the results of existing research and theories, the researcher considers that there are still many mothers who live in locations far from health care facilities, indicating the distribution of health care facilities in the Public Health Center working area. Bengkunat Belimbing Health Center is not evenly distributed. The large area with hilly contours and difficult road access make the distance between residential areas far away. In addition, the distribution of health workers and health facilities is only focused on a few points, especially in densely populated residential areas.

4. Selection of Place for Delivery Aid

The study results found that of the 32 third trimester pregnant women who were respondents, 19 people (59.4%) chose to give birth in health care facilities and respondents who chose not to give birth in health care facilities. 13 people (40.6%). According to Government Regulation Number 47 of 2016, a health service facility is a tool and place used to carry out health service efforts, whether promotive, preventive, curative, or rehabilitative, determined by the central government, regional government, and or the community. Health service facilities provide health services in individual health services and public health services. The results of this study are in line with Gea's research (2018) which shows that out of 72 respondents, 44 (57.9%) respondents chose a place of delivery at home, and 32 (42.1%) respondents chose the place of delivery at the Tuhemberua Public Health Center, North Nias Regency in 2018. Looking at the results of existing research and theories, the researcher considers that there are still many mothers who choose a place of delivery not in a health facility, which is the cause of the low coverage of deliveries in new health facilities of 77.1% in 2020. This impacts the high MMR and AKN in the Public Health Center working area. Bengkunat Belimbing Health Center.

Discussion

Bivariate pregnancy and childbirth in the excellent category, 11 people (34.4%) had a level of knowledge in the excellent category, and mothers who had a level of knowledge in the poor category were 14 people (43.8%). At the same time, in the third-trimester pregnant women who chose to give birth in healthcare facilities, as many as 19 people (59.4%) and 13 people (40.6%) chose not to give birth in health care facilities. Statistical test *chi-square* between the mother's level of knowledge and the choice of place for delivery assistance obtained $p = 0.000$ ($p < 0.01$). Thus H_a is accepted so that it can be concluded that there is a significant relationship between the mother's knowledge and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center. Bengkunt Belimbing Health Center in 2021. The results of this study are in line with the theory developed by Green (1980) (Wahmad, 2017), where one of the factors in choosing a place of delivery is knowledge. Haryono & Setianingsih (2014) (Fidiawati, 2021) say that knowledge results from information stimulation that is noticed and remembered. This information can come from formal or non-formal education, conversations, reading, listening to the radio, watching television, and life experiences.

The results of this study are also in line with Gea's research (2018) which concludes that there is a relationship between knowledge and the choice of place of delivery in the Tuhemberua Health Center work area

in 2018 based on the results of the *Chi-Square* that has been corrected (*Continuity Correction*) with a *p-value*. = 0.001 ($p < 0.05$). The results of related research conducted by Ismail et al. (2015) also showed that there was a relationship between knowledge of pregnant women and the use of health care facilities with a value of *-value* = 0.000 ($p < 0.05$) in the work area of the Gaya Baru Health Center, Tellu Limpoe District, Bone Regency. Looking at the results of existing research and theories, the researcher considers that the poor knowledge of pregnant women is one of the causes of the low coverage of deliveries in health facilities in the working area of Public Health Center Bengkunt Belimbing Health Center. This can be seen from the study results where mothers who had poor knowledge, 78.6% chose to give birth, not in a health facility.

On the other hand, mothers in the excellent category choose to give birth at a health facility. This can illustrate that the higher the level of knowledge of pregnant women, the more excellent the opportunity for mothers to give birth in health facilities than mothers in the poor category. Therefore, it is necessary to increase health education activities about giving birth in health care facilities for mothers, especially pregnant women in the third trimester.

The study showed that of the 32 third trimester pregnant women who were used as respondents, 20 people (62.5%) had attitudes in the positive category, and mothers who had attitudes in the harmful category, 12 people (37, 5%). While the third-trimester pregnant women chose to

give birth in healthcare facilities, as many as 19 people (59.4%) and 13 people (40.6%) chose not to give birth in healthcare facilities. Statistical test *chi-square* between the level of the mother's attitude and the choice of place for delivery assistance obtained a *p-value* = 0.000 ($p < 0.01$) with an *Odds Ratio* (OR) value of 99. Thus H_a is accepted so that it can be concluded that there is a significant relationship. There is a significant relationship between the mother's attitude and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center work area. Bengkunt Belimbing Health Center in 2021, and mothers who have a positive attitude have the potential to decide to choose a place for delivery assistance at a health facility 99 times greater than mothers who have a negative attitude.

The results of this study are in line with the theory developed by Green (1980) in Warmad (2017), where one of the factors in choosing a place of delivery is attitude. Chaniago (2002) (Wardani, 2020) says that attitude is a reaction or response that is still closed from a person to a stimulus or object. Attitudes can be had in every person's personality. A typical attitude is someone who looks outwardly in making decisions to act. The results of this study are also in line with Hidayah's research (2019) which shows that there is a significant relationship between attitude and the choice of place of delivery in the Work Area of the Alafan Health Center, Simeulue Regency, Aceh Province in 2019 which is based on the results of the *chi-square* where the *p-value* is 0.000

($p < 0.05$). Looking at the results of existing research and theories, the researcher considers that the mother's attitude is closely related to the mother's decision to choose the place of delivery. Mothers with positive attitudes tend to choose a place for delivery assistance in health facilities. Mothers' attitudes are formed because of their level of knowledge. Mothers who have positive attitudes mostly have good knowledge about the importance of giving birth in health facilities. This can be seen from the results of the recapitulation of research data, where 85% of mothers who have sufficient and good knowledge have a positive attitude in the Public Health Center work area. Bengkunt Belimbing Health Center. Therefore, it is necessary to increase the knowledge of pregnant women through health education activities about the importance of giving birth in health care facilities that are carried out on an ongoing basis.

The results showed that the distance between the mother's house and health care facilities in the close category was 18 people (56.2%), and the distance between the mother's house and health care facilities in the far category was 14 people (43.8%). At the same time, in the third-trimester pregnant women who chose to give birth in healthcare facilities, as many as 19 people (59.4%) and 13 people (40.6%) chose not to give birth in healthcare facilities. Statistical test *chi-square* between the distance to health care facilities and the selection of delivery assistance places obtained a *p-value* = 0.006 ($p < 0.01$) with an *Odds Ratio* (OR) value of 12.50. Thus H_a is accepted

so that it can be concluded that there is a significant relationship between the distance to health care facilities and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center work area. Bengkunt Belimbing Health Center in 2021, and mothers who have homes in the close category have the potential to decide to choose a place for delivery assistance in a health facility 12.50 times greater than mothers who have a house in the far category. The results of this study are in line with the theory developed by Green (1980) (Wahmad, 2017), where one of the factors in choosing a place of delivery is the distance to health care facilities. The distance and travel time of households to health services based on the type of area and the proportion of households with distance from health services, namely in the close category of 3 km and far category 3, in urban areas it is lower when compared to rural areas. Likewise, the proportion of villages with less than 30 minutes of travel time is included in the close category.

The results of this study are which show that there is a significant relationship between access to health facilities and the choice of place of delivery in the Alafan Health Center Work Area, Simeulue Regency, Aceh Province, in 2019, based on the results of the *chi-square* where the *p-value* of 0.033 ($p < 0.05$). Warmad (2017), in his research, also shows that there is a relationship between distance to health care facilities and the choice of place of delivery in the work area of the Kandangserang Health Center, Pekalongan Regency, based on the results of the *chi-square*

where the *p-value* is 0.000 ($p < 0.05$). Looking at the results of existing research and theories, the researcher considers that the distance from the mother's house to health care facilities affects the mother in choosing childbirth in the Public Health Center work area. Bengkunt Belimbing Health Center. The majority of mothers who live far from their homes and health care facilities choose to give birth in health care facilities. On the other hand, mothers who live far from their home's health care facilities tend to give birth in non-health facilities. Although not all of them are like that, there are also mothers with difficult access to facilities, but they are still trying to give birth in health facilities because the mothers already understand that giving birth in health facilities and being assisted by trained personnel will minimize risks during the delivery process. This study also found that almost half of the respondents studied (43.8%) stated that the distance to health care facilities was far due to the geographical location of the Public Health Center working area. The Bengkunt Belimbing Health Center is broad with hilly contours, making the distance between residential areas far and exacerbated by poor road access. In addition, the distribution of health workers and health facilities is only focused on a few points. Therefore, the researcher considers it necessary to build health service facilities in areas far from health care facilities, especially delivery assistance facilities.

Conclusion

Distribution of the frequency of third-trimester pregnant women who have a level of knowledge in the excellent category. The frequency of pregnant women in the third trimester who have an attitude in the positive category. The frequency of third-trimester pregnancies with a house distance from health care facilities in the close category and third-trimester pregnant women who have a mother's house distance from health care facilities in the far category. There is a relationship between a mother's knowledge and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center Bengkunt Belimbing Health Center in 2021. There is a relationship between the mother's attitude and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center Bengkunt Belimbing Health Center in 2021, and mothers who have a positive attitude have the potential to decide to choose a place for delivery assistance at a health facility 99 times greater than mothers who have a negative attitude. There is a relationship between the distance to health care facilities and the choice of place for delivery assistance for pregnant women in the third trimester in the Public Health Center working area. Bengkunt Belimbing Health Center in 2021 with a p-value = 0.006 ($p < 0.01$) and mothers who have a house in the close category have the potential for a decision to choose a place for delivery assistance in a

health facility 12.50 times greater than mothers who have a house in the category far. The researcher suggests to other researchers that a scientific study of factors related to the choice of place for delivery assistance in third-trimester pregnant women can be carried out more deeply by exploring other factors related to the choice of place of delivery in health facilities. Researchers suggest to mothers that the information obtained related to the choice of place for delivery assistance can be applied by choosing a health service facility as a place of assistance in giving birth. They are optimizing intervention problems related to factors related to the choice of place for delivery assistance, namely increasing health education about the importance of giving birth in health facilities to mothers and families, optimizing the use of the Birth Waiting House (RTK), and proposing to villages or local governments in the construction of health service facilities. In remote areas. For researchers who will take the same theme as this research, it is recommended that they explore and examine all the factors related to the choice of place for delivery assistance.

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