

Factors Related To Delivery Place Selection Among Pregnant Women In Jambi In 2020

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ABSTRACT

Maternal Mortality Rate is still a big problem faced by various countries in the world, especially in developing countries, such as Indonesia. The Directorate of Maternal and Child Health Development in 2011 proved that maternal mortality is closely related to the place / facility of delivery. Approximately 60% of deliveries take place at home so that they are late getting medical attention when complications of labor and emergencies occur. Based on the women and Child Health Evaluation Report of the Merangin District Health Office in Jambi Province, data on the achievement of the Manau Public Health Center is the highest coverage of deliveries in non-health facilities by 67.3%, births in health facilities by 21.7%. This study aims to determine the factors related to the choice of delivery place. This research is an analytic survey research with cross sectional design. The sampling technique in this study was conducted with a total sampling method of 108 pregnant women. Data was collected using a questionnaire that had been tested for validity and reliability and was processed with the Chi-Square statistical test. The results showed that 61.1% of pregnant women chose non-health facilities (home) in the selection of labor, then the statistical test found a significant relationship between economic status / income (p value = 0.008) and husband / family support (p value = 0.005) with the delivery place selection, other factors not related delivery place selection are education (p value = 0.231), knowledge (p value = 0.826) and distance (p value = 0.099). There is a need to increase the attention of health care programs through the socialization of delivery in health facilities.

Keywords : Delivery Place Selection, Labor, Pregnant.

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BACKGROUND

Maternal Mortality Rate is still a big problem faced by various countries in the world, especially in developing countries, such as Indonesia. 60% of maternal deaths occur during labor, the direct cause of maternal death is 90% during labor and immediately after delivery. The Directorate of Maternal Health Development in 2011 proved that maternal mortality is closely related to the place / facility of delivery. Approximately 60% of deliveries take place at home so it is too late to get medical attention when labor complications and emergencies occur.

The factors causing the high maternal mortality rate are very diverse. Research studies show that antenatal care and maternal education are important risk factors for maternal mortality where the results of the study indicate that there is a relationship between maternal education and the incidence of MMR in Kenya. The study showed that women with a low education category had a 3.3-fold risk and the absence of Antenatal care (ANC) visits had a 4.1-fold risk. In addition, eclampsia and birth management without using health workers are also risk factors for Maternal Mortality Rate (MMR) (Yego *et al.*, 2014). The selection of the place of birth and birth attendants that are not right will also have a direct impact on maternal health. There are at least two choices of birth places, namely at the women's house or in the health service unit (Rohmah, 2010).

The study of Devasenapathy *et al.*, (2013) in Delhi said women who gave birth due to fear of hospital, comfort at home and lack of social support for child care emerged as the main reasons for labor at home. Then the results of research relevant to this issue one of which mentions that women choose the place of delivery planned to be influenced by the mode or type of delivery and the level of intrapartum intervention in labor (Deborah Davis *et al.*, 2011). As has been stated Envuladu *et al.*, (2013) Determinants of selection of place of delivery are the cost of hospital bills, unfriendly health worker attitudes, unpredictable labor, distance to the health care center, and failure to perform ANC. Then the magnitude of the strength of the relationship of the level of maternal age to the choice of delivery place in this study found that there is an effect and the relationship between the level of maternal age and the delivery place selection in the hospital (Prihanti *et al.*, 2017).

According to Ministry of Health Regulation No. 97 of 2014 Article 14 Regarding delivery, delivery must be conducted in a health care facility, meaning that labor is no longer permitted at home. The most ideal place for delivery is a health facility with equipment and personnel who are ready to help at any time. labor complications. At a minimum in health facilities such as Health Centre capable of providing Basic Emergency Obstetric and Neonatal Services (PONED). Delivery at a health facility with equipment and personnel who are ready to help at any time during labor complications. At a minimum in health facilities such as Health Centre capable of providing basic emergency obstetric and neonatal services (PONED). It is understood that not all Health Centres are able to provide basic services, at least when women give birth, there are personnel who can immediately refer if complications occurs (Indonesia Ministry of Health, 2014).

Based on the Women and Child Health Evaluation Report of the Merangin District Health Office in Jambi Province, data on the achievement of the Manau Health Center is the highest coverage of deliveries in non-health facilities. 21.7% and Delivery of Health workers in Non-Health Facilities at 67.3% (Health Office Merangin, 2019). This study aims to determine the factors related to delivery place selection for pregnant women in Sungai Manau Public Health Center, Sungai Manau District, Merangin Jambi District in 2020.

This study aims to determine the factors related to delivery place selection among pregnant women in Sungai Manau Public Health Center, Sungai Manau District, Merangin Jambi District in 2020.

METHODS

This research is an analytic survey research with cross sectional design. The population in this study were all pregnant women in the work area of the Sungai Manau Health Centre. There were 108 pregnant women included as the sample. The sampling technique in this study was conducted by the total population method. Data was collected using a questionnaire that had been tested for validity and reliability and was processed with the Chi-Square statistical test

RESULTS

Tabel 1. Respondents Characteristics

Variable	(n)	(%)
Education background		
Basic school (elementary and junior high school)	41	38,0
Advance school (Senior High School/ University)	67	62,0
Family income		
< standard	68	63,0
≥ standard	40	37,0

Tabel 1 shows that the majority of respondents' education was advance educated (high school / university) (62%), while the economic status / income of the respondent's family 63% was still under standard.

Tabel 2. Knowledge, Family Support, Distance to Health Facilities and Selection of Delivery Place

Variabel	Jumlah (n)	Persentase (%)
Knowledge		
• Low	58	53,7
• High	50	46,3
Husband/ family support		
• Not supported	59	54,6
• supported	49	45,4
Accessibility		
• not accessible	64	59,3
• accessible	44	40,7
Delivery place selection		
• non health care facility	66	61,1
• health care facility	42	38,9

Table 2 shows that 53.7% knowledge of pregnant women is low, 54.6% of respondents had family/ husband support, then 59.3% of health facilities is not accessible, and 61.1% of pregnant women choosed a non-health facility as place of delivery.

Tabel 3. Relationship between Education, family income, knowledge, family support and distance to health facilities with the delivery place selection

Variable	Delivery place selection				Total	ρ Value	
	Non health care facility		Health care facility				
	f	%	f	%			F
Education							
Basic	28	25,9	13	12,0	41	38,0	0,231
Advance	38	35,2	29	26,9	67	62,0	
Family Income							
< standard	48	44,4	20	18,5	68	63,0	0,008
≥ standard	18	16,7	22	20,4	40	37,0	
Knowledge							
Low	36	33,3	22	20,4	58	53,7	0,826
High	30	27,8	20	18,5	50	46,3	
Family Support							
Not supported	29	26,9	30	27,8	59	54,6	0,005
Supported	37	34,3	12	11,1	49	45,4	
Distance to Health Facilities							
Not Accessible	35	32,4	29	26,9	64	59,3	0,099
Accessible	31	28,7	13	12,0	44	40,7	

Table 3 shows 67 respondents have education (high school / university), the majority of respondents chosed the place of delivery at home which is 38 people (35.2%). Furthermore, out of 41 respondents with basic education (not attending school, elementary school, junior high school), the majority of respondents chosed the place of delivery at home, 28 people (25.9%). Chi square test results showed the value of ρ value = 0.231 so it can be concluded that there was no relationship between the education of respondents with the choice of delivery place.

It is known that out of 68 respondents (63.0%) whose economic status / family income is below standard, the majority of them chosed home births (44.4%). Then out of the respondents whose family income is above the standard (37.0%), the majority of them chosed health facilities (20.4%). Chi Square test results obtained ρ value = 0.008 which means there is a significant relationship between family income and place of delivery selection.

It is known that out of the 58 respondents (53.7%) who lack knowledge, the majority of them chose home delivery (33.3%). Then out of 50 respondents (46.3%) who have good knowledge, the majority chose the place of delivery in houses were 30 people (27.8%). Chi Square test results obtained p value = 0.826, which means there is no relationship between maternal knowledge with the choice of delivery place.

It is known that 59 respondents (54.6%) whose husband / family did not support, the majority chose the place of delivery in health facilities were 30 people (27.8%), Furthermore respondents whose husband / family supported were people (45.4%), the majority chose home delivery were 37 (34.3%). Chi Square test results obtained value p value = 0.005, which means there is a significant relationship between the support of husband / family with the choice of delivery place.

It is known that out of 64 respondents (59.3%) whose homes are far from health facilities, the majority of them chose the place of delivery at home as many as 35 people (32.4%), then 44 respondents (40.7%) whose homes are close to the facility the majority of health chose the place of delivery at home which were 31 pregnant women (28.7%). Chi Square test results obtained p value = 0.099, which means there is no significant relationship between the distance to health facilities with the delivery place selection.

DISCUSSION

The results of this study indicate that based on statistical tests with Chi-square showed no significant relationship between educational with the delivery place selection among pregnant women. The results of this study are related to previous research Abdurrahim *et al.*, (2016), which states there is no meaningful relationship between the level of education with the choice of delivery place. Likewise with research Khasanah *et al.*, (2018) which states that there is no influence between educational and cultural factors on the choice of place of delivery, but different from research according to Putri (2015) which concludes that there is a meaningful relationship between the education of respondents and the choice of place of delivery.

Education level is very influential on changes in attitudes and behavior in healthy living. A higher level of education will make it easier for someone or the community to absorb information and implement it in their daily behavior and lifestyle, especially in terms of health. The level of education especially the level of education of women has an influence on the degree of health (Abdurrahim *et al.*, 2016). And in this study further education does not necessarily make women choose health facilities that are more modern and complete, such as hospitals. Both those with advanced and basic education choose more places of delivery at home.

Based on statistical tests it can be concluded that the majority of respondents in this study earn below the minimum wage (< Rp. 2,630,162), and the majority of those on low incomes chose labor at home. From the conclusions above it means that the economic status / income of a pregnant woman's family is closely related to the choice of place of delivery. This is related to previous research Fauzia (2014) which shows that there is a significant relationship between family income with the decision to choose the place of delivery.

According to Research Tebekaw *et al.*, (2015) women who choose a place of birth at home are those who have an income below the minimum wage and women who choose a place of birth in a health facility or hospital are usually those who earn more than the minimum wage. Income influences someone in deciding which service to use. From interviews with respondents about the reasons for choosing a place of birth in a non-health

facility (home), respondents said the reason for the cost of giving birth at home does not require additional costs for transportation costs.

The results of this study can be concluded that in this study the majority of pregnant women have poor knowledge. This shows that statistically there is no relationship between knowledge and the choice of delivery place. This result is related to previous research Abdurrahim *et al.*, (2016) which states that no meaningful relationship is found between the level of knowledge and the choice of place of delivery. Also with the results of research Prihatin *et al.*, (2016) which said there was no meaningful relationship between respondents' knowledge with the choice of delivery place.

Knowledge is the result of human sensing or the result of knowing someone about an object through their five senses. The five human senses for sensing objects are vision, hearing, smell, taste and touch. When sensing to produce knowledge is influenced by the intensity of attention and perception of the object. A person's knowledge is mostly obtained through the sense of hearing and the sense of sight (Notoatmodjo, 2014). This is in line with the results of research in which high women knowledge does not necessarily make them able to make good decisions in choosing a place of delivery.

It is known that there is a significant relationship between husband / family support and the decision to choose the place of delivery. The existence of this significant relationship indicates that the husband / family considered to have a role has a greater chance in influencing pregnant women in the choice of delivery place. In line with research Gea (2018) which shows a significant relationship between husband / family support factors and the choice of delivery place for pregnant women. Then the research Fauzia (2014) also states that there is a significant relationship between family support and the decision to choose the place of delivery. Likewise, research Jouhki (2012) that mentions factors related to the choice of place of delivery is the support of husbands, family, friends and especially womens who have given birth at home.

Based on the results of interviews of the husband or family, most do not encourage womens to deliver in the health facilities and support womens to deliver in non-health facilities (home) without considering the risk that this will affect the women in determining the choice of delivery in non-health facilities (home). Even though the women's education is high, good knowledge, good women's attitude, good family income but without the support of her husband and family everything will be in vain because the women will still choose the place of delivery in the non-health facilities (home) as a choice of delivery due to family support and advice women's consideration in choosing a place of delivery.

The results of the study in statistical tests can be concluded that in this study there was no relationship between the distance of the women's house to health facilities. This study is in line with Prihanti *et al.*, (2017) research which states there is no relationship between the distance of access to the choice of delivery place. But it is different from Mahato *et al.*, (2017) research which says that there is a significant relationship between the distance of the house to the health facility, if the distance is more than one hour then they will choose to give birth at home but if the distance is less than one hour they choose the place of delivery in the health facilities.

Affordability is based on distance perception and whether there are private or public vehicles to reach the nearest health facility. Respondents who choose the place of delivery at home are generally people whose homes are far from health facilities. The availability and ease of reaching health services, access to health facilities and transportation are among the family's considerations in making decisions about finding a

place of health care (Amalia, 2012).

CONCLUSION

This study concludes that the majority of respondents chose the house as their place of birth and the factors associated with the choice of place of birth were economic status / income and husband / family support. There is a need to increase programs that can support the care of the family and husband to provide support to pregnant women to use existing health facilities as a place of delivery and efforts to increase maternal knowledge about understanding of a good delivery place and the risks that can occur if labor is carried out in a non-health facility (home). Research has weaknesses when collecting data, sometimes respondents are not cooperative by asking relatives or neighbors or even researchers.

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