

# **Analysis of Factors Influencing the Selection of Maternal Birth Aid during the Covid-19 Pandemic in the Nambo Community Health Center Area**

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## **ABSTRACT**

Maternal and Child Health (MCH) issues persist in Indonesia, with high Maternal and Infant Mortality Rates. Despite a national delivery assistance coverage of 88.68%, short of the 90% target, several regions face challenges. This study investigates factors influencing the choice of maternity attendants during the COVID-19 pandemic in the Nambo Health Center area. Using descriptive qualitative methods and purposive sampling (1 midwife, 1 mother at a public health center, 1 using a traditional healer), the study identifies inadequate knowledge, high trust in traditional services, low income, and limited education as key factors leading to the preference for traditional birth attendants. Findings reveal that only 67.33% of deliveries are assisted by health workers, below the target. Recommendations include enhancing trust in health workers, increasing community engagement, and ensuring that traditional birth attendants collaborate with health professionals.

**Keywords:** place of delivery, mother giving birth

## **INTRODUCTION**

Childbirth is the beginning and end and culmination of everything that happens from conception to expulsion. Whether or not the birth process is easy will determine the life of the prenatal baby (Janiwarty and Pieter 2013). Assistance and place of delivery as well as difficult access to health services have a very strong correlation with maternal and infant mortality. The choice of birth attendant is influenced by several things, namely the influence of parents, husband and close family and even the surrounding environment (Anonymous, 2012). Based on indicators of coverage of maternal and child health services, birth assistance should be assisted by health workers who have midwifery competence (obstetrician specialist doctors, general practitioners, midwives, midwife assistants and midwife nurses) excluding traditional birth attendants (Prawirohardjo, 2006). Currently, many births carried out by traditional birth attendants still use traditional methods which can result in complications during delivery. Pregnancy and delivery checks with health workers are not carried out early by all pregnant women, for reasons of following the experience of their parents. Public trust is still high in the services of traditional birth attendants.

Data from the Banggai District Health Service, Central Sulawesi Province shows that the results of the implementation of maternal and child health (MCH) achievements show that pure K1 pregnancy checks were 62.86% and K4 were 59.94%, health worker deliveries were 64.26%, which has not yet reached the achievement target of the Maternal and Child Health Program in Indonesia's level was 77.82%. (Preliminary Data from Banggai District Health Service, 2021). The data report for February 2019 – 2020 saw a total of 54 births, while data for February 2020-March 2021 saw a total of 68 births. There were 33 births among health workers, while there were 38 birth attendants in non-health workers (preliminary data from Nambo Health Center, 2021)

Public health center is responsible for carrying out health development in its working area, namely increasing awareness, willingness and ability to live healthily for everyone who lives in its working area so that the highest level of health can be achieved. Public health center carries out several basic businesses or mandatory health efforts (*basic health care services or public health essential*) to be able to provide comprehensive health services (*comprehensive health care services*) to all communities in its working area. One of them is the Maternal and Child Health Program (MCH). The MCH program is one of the main priorities for health development in Indonesia (Saifuddin, 2017).

Several research results show that the mother's decision to choose childbirth is influenced by several factors, such as; maternal knowledge, maternal attitude, delivery costs, access to services and availability of health facilities/infrastructure, support from husband and family as well as local traditions or culture. Research conducted by Evistron (2009) in Southeast Aceh found that the determining factor in choosing a birth attendant was that 78.2% were helped by a midwife and 21.8% were helped by a traditional midwife which was influenced by family income, knowledge, attitudes and community culture. The same research conducted by Handayani et al (2012) in 6 provinces throughout Indonesia explains that the value of belief and implementation of rituals/customs is still strong and is still widely practiced by the community, so the role of shamans is still needed. Transportation facilities are also a major obstacle to giving birth in health facilities.

Based on the background of the problem above, the aim to be achieved from this research is to analyze the factors that influence the selection of birth attendants during the Covid-19 pandemic in the Nambo Community Health Center area.

## **METHOD**

Research methods as a way to obtain scientific truth or a solution to a problem basically use the scientific method (Notoatmodjo, 2017). Research design is a research strategy for identifying problems before final planning for data collection and identifying the structure in which research is carried out (Nursalam, 2017). In this research, a qualitative descriptive research design is used research method carried out with the main aim of creating a picture of a situation objectively and understand a phenomenon about what is experienced by research subjects holistically (Nursalam, 2017). Qualitative research method is a research method used to examine the condition of natural objects where the researcher is the key instrument, data collection techniques are carried out in a triangulated (combined) manner, data analysis is

inductive and the results of qualitative research emphasize meaning rather than generalization (Sugiyono, 2017)

## RESEARCH RESULT

### Description of Analysis of Factors that Influence Mothers' Selection of Birth Attendants during the Covid-19 Pandemic in the Nambo Community Health Center Area

#### 1. Knowledge

From the results of the interview, it was found that the delivery achievement factor by health workers was still far from expectations, where the achievement obtained so far had reached 67.33%, so it was still far from the target of 100%. This was expressed by one informant who said that:

*"Giving birth with a traditional birth attendance is better, it's not as complicated as with a midwife. If you go to a midwife, you have to take care of what is needed, especially nowadays you have to have an antigen to check pregnancy and give birth. If the result is negative, that's okay, but now it can be said that positive for Covid even though the results are negative and have to be quarantined, that's why I don't want to go to a midwife or hospital, it's better to be with traditional birth attendance who is not complicated and doesn't have to take care of that."*(Results of Interview with Informant 1)

This is contrary to what was expressed by one informant who said that:

*"I want to give birth by a midwife because I have good knowledge about childbirth and pregnancy and I also prioritize my safety and my child. Before the midwife carries out an examination, an antigen test must be carried out because it has become a requirement to give birth at a health center, the aim is so that I know whether "Is there a virus in my body or not and there is no transmission to other people, especially my child, after the results are negative, the midwife will carry out examinations such as weighing and also carrying out examinations to find out the opening."*(Results of Interview with Informant 2)

The same thing was also expressed by one of the informants who said that:

*"In the Nambo Community Health Center area, there are still a number of pregnant or giving birth mothers who still choose to go to traditional birth attendants, therefore the achievement of childbirth is still far from expectations, but we always try to carry out approaches and education and counseling, especially for maternal and child health in the community, especially for pregnant women." "*(Results of Interview with Informant 3)

Based on the results of the interview above, it can be concluded that location selection knowledge factor Delivery by health workers is still far from expectations where the achievement obtained to date has reached 67.33%, so it is still far from the target of 100%. However, midwives continue to do their best to meet the national target of 100%."

## 2. Mother's attitude

The results of the interview revealed that the mother's attitude in choosing a birthing place by health workers was still far from expectations, where the achievement so far had reached 67.33%, so it was still far from the target of 100%. This was expressed by one informant who said that:

*"People sometimes prefer to choose traditional birth attendance to assist with childbirth rather than health workers (midwives) because of the public's trust in birth attendants."* (Results of Interview with Informant 3)

This was also expressed by one of the informants who said that

*"Even though it's a pandemic, I still choose to give birth to a health worker like my sister, because I've gone to school so I already know if abnormal things happen, even though sometimes the prediction is that the birth will be normal and handled more quickly."* (Results of Interview with Informant 2)

This is contrary to what was expressed by one informant who said that:

*"It's more comfortable to give birth at home by calling traditional birth attendance because her house is close with traditional birth attendance she can come quickly rather than going to a midwife or another place because it's far from home and grandma is more experienced because she's been around for a long time"* (Interview Results with Informants 1)

Based on the results of the interview above, it can be concluded that mother's attitude factor in choosing a place for delivering baby by health workers is still far from expectations where the achievements obtained to date have reached 67.33%, so it is still far from the target of 100%. However, midwives continue to do their best to meet the national target of 100%."

## 3. Husband/family support

The results of the interview revealed that the support provided by the family or husband greatly influenced the achievement of the health worker's choice of place of birth. This was expressed by one of the informants who said that:

*"Health workers always collaborate in working together across sectors and invite shamans to partner in these cases even though sometimes the shamans don't want to collaborate"* (Interview Results with Informants 3)

This was also expressed by one informant who said that:

*"My husband/family is very supportive, in fact my husband/family has provided support long ago for the safety of me and my child."* (Interview Results with Informants 2)

This is contrary to what was expressed by one informant who said that:

*"Anyone can help someone give birth as long as they have experience and know how to help give birth."* (Interview Results with Informants 1)

Based on the results of the interview above, it can be concluded that husband/family support is supportive selection of reaching places Delivery by health workers greatly affects the safety of mother and baby.

#### 4. Tradition/culture

The results of the interview revealed that one of the things that is an obstacle in achieving the choice of place of birth by health workers is the lack of full public trust in health workers in assisting with childbirth. People sometimes prefer birth attendants over health workers because of the public's trust in birth attendants. This was expressed by one informant who said that:

*"We health workers, especially midwives, always provide health education in the community regarding traditions or habits that need to be changed in society."*  
(Interview Results with Informants 3)

This was also expressed by one informant who said that:

*"Tradition still exists, but the safety of my life and that of my child is still more important because the past and the present are very different and even though the health center and my house are far apart, I still go to the Karan health center because my husband and I have planned to give birth at the health center with a midwife."*  
(Interview Results with Informants 2)

This is contrary to what was expressed by one informant who said that:

*"It's common practice here that if you want to give birth you go to your grandmother, she's been helping people give birth for a long time. So people here are more trusting, my second child is also a grandmother who helps me and also lives with my grandmother so I don't need to go all the way to the health center which costs more."*  
(Interview Results with Informants 1)

Based on the results of the interview above, it can be concluded that there are things that are obstacles location selection achievements. One of the reasons why people give birth by health workers is that there is no full trust in health workers in assisting with childbirth. People sometimes prefer traditional birth attendants over health workers because of the public's trust in traditional birth attendants. Apart from that, the affordability of access to health services is one of the obstacles to people's reluctance to visit health facilities, especially mothers in labor. Apart from that, there is also a lack of facilities and infrastructure that can support people's behavior in visiting the Community Health Center.

## DISCUSSION

### **Analysis of factors influencing the choice of birth attendant during the Covid-19 pandemic in the Nambo Community Health Center area**

#### **1. Mother's knowledge**

The results of in-depth interview research with informants showed that mothers who gave birth at traditional birth attendant were less knowledgeable than mothers who gave birth at health workers (midwives) about the health of pregnancy and childbirth. On average, pregnant women in the Nambo Community Health Center work area first undergo a pregnancy check at a midwife before having a pregnancy check at a health worker (midwife). The mother's gestational age when having an examination at a midwife is 2-5 months, while the midwife's gestational age is 5-8 months. Knowledge of the signs of labor and danger signs during labor from several informants also varied, mothers who gave birth at traditional birth attendant had less understanding compared to mothers who gave birth at health workers.

This is because they lack access to health services regarding health information, both from health workers from community health centers and information from other mass media. The danger signs in labor that are known to mothers who give birth at traditional birth attendants are only bleeding, if convulsions or eclamsi and placental solution occur, they think it is only a greeting from spirits/magical beings when they leave the house at night, where the mother is pregnant and Maternity mothers are susceptible to these creatures. Mothers who give birth in midwives better understand the danger signs during childbirth, so they are afraid of giving birth in a traditional birth attendant, but they still call a traditional birth attendant as a midwife's companion just to carry out the traditions and culture of the local community. People still have high trust in traditional birth attendant because traditional birth attendant are people who are experienced in matters of pregnancy, childbirth and the traditions/culture that apply in their environment. People who live in difficult and isolated areas think that health workers only assist with childbirth if complications occur, if the birth is safe then the midwife will help with the birth.

Knowledge is a reinforcing factor (predisposing factor) that can influence a person's behavior in making decisions in a better direction. Knowledge is considered good, if someone makes the right decision regarding the problem at hand, but those who have low knowledge will make the opposite decision. The level of education and



sources of information received influence knowledge, in this case knowledge about pregnancy and childbirth, so that the knowledge gained about pregnancy, childbirth and its risks is expected to become a reference in every mother's health attitudes and behavior in selecting a birth attendant. Informants' opinions about the differences between pregnancy checks and birth assistance provided by midwives and health workers varied. Mothers who gave birth at a traditional birth attendant said that it was better for them to give birth at a traditional birth attendant because the traditional birth attendant would look after the mother until the end of the birth, not be exposed (health worker) so that the genitals could be seen clearly and not be checked every 4 hours and in addition to assisting the birth of the traditional birth attendant Babies also carry out their traditions which according to Islamic teachings must be carried out. Mothers who give birth at a midwife say that before the midwife performs palpation, the mother's weight is first weighed and the tools for assistance are complete. It is very good to do an internal examination to determine the progress of labor.

Good education and knowledge will make it easier to understand information. The existence of information media such as television, radio and newspapers will make it easier to convey information, especially about child and mothers health. Mother's knowledge during childbirth is quite interesting to study further. Most mothers state that labor is better done at home than in the hospital. This is related to the geographic and economic conditions of the community which make it difficult for mothers to access health service facilities.

## 2. Mother's attitude

The results of in-depth interviews and observations of informants regarding attitudes can be seen from the answers given regarding the question of who they feel is safest when assisting with childbirth. For mothers who give birth at health workers (midwives) they still choose midwives, on the grounds that midwives have received education, so their knowledge Midwives understand how to assist with childbirth and if any complications occur they can be handled quickly and well. This is different from mothers who give birth at a traditional birth attendant, they feel safe when the care from birth to completion is carried out by a traditional birth attendant in which traditions and culture are carried out, the traditional birth attendant has more experience, the friendliness of the traditional birth attendant and the touches provided also a number of factors as a cause. Attitude is a person's closed reaction and can be influenced by knowledge, beliefs, thoughts and emotions so that attitudes can change to be positive or negative. A person's attitude is a predisposition (a state of being easily influenced) to respond to environmental stimuli that can initiate or guide that person's behavior. Definitely, attitude means a state of mind (mental) and a state of thinking (neutral)

that is prepared to respond to an object that is organized through experience and influences directly or indirectly on behavior.

### 3. Husband/family support

Based on the results of interviews and observations with informants regarding support from husbands or families in the Nambo Community Health Center area, husbands and families play a very important role, where husbands and families take care of health insurance membership for the family. The choice of birth attendant which is decided by the mother is a suggestion, recommendation and coercion from the husband/family in choosing a traditional birth attendant or midwife as a birth attendant.

This support can provide motivation to the mother in carrying out the birthing process. Husbands can provide support long before the birth arrives so that husbands also know what they can do when their wives go through the birthing process. Accompanying the wife during childbirth will also make the husband respect his wife more and strengthen the inner relationship between husband and wife and the newborn baby.

### 4. Tradition/culture

The people in the Nambo Community Health Center area generally still adhere to traditions and culture when mothers begin to become pregnant, give birth until the end of the postpartum period. The religion adhered to by the local community is 99.9% Islamic, and the tribes in the Nambo Health Center area are 99.5% indigenous, so traditions and culture are still very strong. Traditions and cultures that still have patriarchy sometimes limit women in making decisions for their own health, in choosing help for pregnancy (Ante Natal Care/ANC), childbirth, postpartum, there are factors that influence interpersonal relationships, namely socio-cultural factors.

If you look at the research results, it shows that all mothers who give birth still use the services of a midwife to help the mother both during pregnancy and childbirth. Traditions and culture where pregnant women wear a cloth tied around their waist, the 7 month bathing event every Friday which is carried out 7 times during pregnancy and the prayers given by the midwife can save and provide health to the mother.

The prohibition on choosing a health worker for birthing mothers who choose a traditional birth attendant also has a causal factor in that there is still a perception among the public that the ability of a traditional birth attendant is greater than that of a midwife in terms of adopting beliefs and spiritual beliefs that are believed by the community, for example reading prayers or mantras when assisting with childbirth. The community still needs the services of shamans because the tradition of comprehensive services provided by shamans is still strong. And they think that health workers are inexperienced, still young and don't know the traditions in society, and the most dominant thing that has been done so far is still safe and healthy until now, where they say that health workers (midwives) give birth only when it occurs emergencies only.

Midwife and traditional birth attendant partnership meetings, which have been intensified by the central government, have only been held by the Nambo Community Health Center twice during 2015 using BOK funds, but not all traditional birth attendants have been reached or participated in the program because the number of



traditional birth attendant is still large, so not yet traditional birth attendants partner with health workers at Community Health Centers, especially traditional birth attendants who are located far away. In 2014, the Nambo Community Health Center had never partnered with midwives and traditional healers, this was due to inadequate BOK funds. However, if you look at the BOK funds that go to the national health center, it is quite large for the Nambo health center. Lack of understanding in implementing maternal and child health programs has resulted in the Nambo Community Health Center being reluctant to budget for midwife and shaman partnership activities, so that the midwife and shaman partnership has not been running well and the division of duties between midwives and shamans has not been clearly determined.

There are still many village community complaints about midwives, including midwives not understanding local culture and not being able to interact with the community. In terms of providing MCH assistance, especially during childbirth, which is held jointly between traditional birth attendant and midwives, there is a clear division of roles. The midwife plays a role in providing medical assistance to the mother, while the traditional birth attendant plays a role in supervising, guarding and caring for the mother after delivery. In their supervisory function, village midwives play a role in supervising mothers from the time of pregnancy until the moments before delivery. In this case, usually the village midwife is the person who contacts the midwife when a mother in her area is about to give birth. They are usually present at the location where the mother will give birth before the midwife. After the midwife is present and the delivery assistance has been completed, the shaman will usually stay to care for the mother. Until now, this form of collaboration between shamans and midwives is still only family in nature. There has not been a collective agreement or MoU in place to support collaboration between shamans and midwives. In practice, midwives can embrace shamans to work together by taking a personal approach. They made an intense approach and tried to create good relations with the shamans. It is from this good relationship that exists that cooperation between midwives and shamans can run. Even though the collaboration carried out by midwives and traditional birth attendants here is familial, this does not necessarily mean there is no transactional relationship between the two.

Informants' responses regarding birth assistance at traditional birth attendants are currently also different, the same answer was given by informants, where mothers would still carry out their births at traditional birth attendants, but different from the answers given by other informants, they still suggested that birth assistance be provided at traditional birth attendants. Nambo Community Health Center area was carried out together. In terms of providing MCH assistance, especially during childbirth, which is held jointly between traditional birth attendant and midwives, there is a clear division of roles. Midwives play a role in providing medical assistance to mothers, while shamans play a role in supervising, guarding and caring for mothers after childbirth. In its supervisory function, the traditional birth attendant plays a role in supervising the mother from the time of pregnancy until the moments before delivery. In this case,

usually the traditional birth attendant is the person who contacts the midwife when a mother in the area is about to give birth.

They are usually present at the location where the mother will give birth before the midwife. After the midwife is present and the delivery assistance has been completed, the shaman will usually stay to care for the mother. In this phase, shamans usually provide services for mothers and newborn babies.

The research results show that in choosing maternal care/help during maternity (pregnancy, delivery and post-natal), the mother will be influenced by the people around her because of the individual/interpersonal relationship with the people around her (husband, parents, neighbors). The research results show that values and norms guide village communities in regulating their behavior. Norms are measurements, guidelines, rules or habits so that people can assess whether something is right or wrong. In terms of maternal and child health, the behavior that is seen is still quite often colored by the religion or beliefs that are still held. In research locations with communities that still strictly adhere to religious rules with the majority being Muslim, the actions they take are often linked to the values in Islamic religious teachings.

City people prioritize formal law as a regulator of their behavior. Belief in tradition is still held tightly by people in rural areas, and is less implemented in urban areas. Belief in mysticism or magic or spirits often encourages harmful behavior. The village community at the research location is still very strongly involved in ceremonies. Belief as a cultural element is not easy to change. This element is difficult for society to accept, especially when it comes to ideology and philosophy of life. This is different from urban community groups which are more individualistic so their closeness to each other has decreased. The heterogeneous social status with diverse and competitive livelihoods of the population, independent of nature, makes urban communities more dynamic.

Apart from difficult geographical conditions, kinship factors also influence this matter. Close ties within the family provide a sense of comfort for a mother who is about to give birth. So this sense of security also arises if when they give birth, other family members gather near them. Belief in customs and traditions that have been known to the community for generations also influences mothers' knowledge regarding MCH.

The tradition of pregnancy, birth and post-natal care is still very strong here. As explained above, there are quite a lot of forms of community traditions that are carried out regarding pregnancy, childbirth and postpartum. Although not all mothers from the sample surveyed did so, most stated that these traditions were still very important to carry out. This is also coupled with the existence of traditional birth attendants who are still trusted by the public.

## CONCLUSION

1. The knowledge of mothers who give birth at traditional birth attendants about pregnancy and childbirth is still lacking, where the first pregnancy check-up is still handed over to the traditional birth attendants. Mothers still don't understand the signs of labor and danger

signs during labor. Mothers who give birth with health workers (midwives) already understand the signs and symptoms of labor and its complications. The community felt that the counseling carried out by health workers at the Community Health Center during the health integrated center was less effective so that information about health during pregnancy and childbirth could not be received by mothers because many babies were crying during the service.

2. The attitudes of mothers who give birth at a traditional birth attendant and those who give birth at a midwife are different. Mothers who give birth at a traditional birth attendant feel that a sense of security, comfort and health during labor and delivery can be provided by the traditional birth attendant. Having a lot of experience, being old, being close to the community and providing good care makes the mother healthy and safe. Mothers who give birth in midwives feel that midwives are good, where education is taken to learn about pregnancy and childbirth so that if complications occur they can be handled.
3. Husband and family support in the form of assistance during childbirth, preparing everything needed during childbirth, calling traditional birth attendant to carry out by husband and family.
4. Tradition and culture in society makes it taboo for men to help with childbirth, where they assume that if a man helps, it is the same as exposing the mother to disgrace because if the mother has shortcomings, it can be known to other than her husband and family. Traditions/culture that are still strong and very influential on mothers are: during pregnancy the mother is bathed 7 times by reciting prayers, 7 monthly ceremonies, burial (placenta) and the mother is bathed and massaged on the second day after giving birth, cannot be removed from society in the Nambo Community Health Center area, the majority of whom adhere to Islam. The village community at the research location is still very strongly involved in traditions and culture. Belief as a cultural element is not easy to change. This element is difficult for society to accept, especially when it comes to ideology and philosophy of life. The partnership between midwives and traditional birth attendants that has not gone well is also an obstacle in achieving the 2015 MDGs.

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