

An Examination of the Variables Affecting the Decision to Choose a Birth Attendant during the COVID-19 Epidemic

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ABSTRACT

Maternal and Child Health (MCH) remains a significant health issue in Indonesia. The Maternal Mortality Rate (MMR) remains high, with 305 deaths per 100,000 live births annually. One contributing factor is the inadequate coverage of skilled birth attendants, which nationally reached only 88.68% in 2014 below the government target of 90%. This study aims to identify factors influencing the choice of birth attendants among mothers during the COVID-19 pandemic. This qualitative descriptive case study involved three purposively selected informants: a midwife, a mother who gave birth at the health center, and a mother assisted by a traditional birth attendant (TBA). Data collection was conducted through in-depth interviews and documentation, and analyzed using data reduction, data presentation, and conclusion drawing. The study found that low knowledge, strong trust in TBAs, low income, and limited education influenced mothers' preference for TBAs over healthcare professionals. TBAs were perceived as more affordable, further reinforcing their role. The study recommends that health workers increase promotion of skilled birth attendance through health education activities such as at Posyandu and women's groups (PKK), and build community trust. Collaboration with local government is crucial to ensure TBAs coordinate with health personnel. The study concludes that deliveries attended by healthcare providers are still below the 100% national target. It is advised that village midwives work closely with local health cadres to track pregnant women and provide comprehensive antenatal care and ensure the use of MCH handbooks.

Keywords: birthing place, epidemic, mother giving birth

BACKGROUND

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 (mother) trust is still high in the services of midwives.

Data shows that the results of the implementation coverage of KIA 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 at the Indonesian level of 77.82%. 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 Community Health Center, 2021).

Puskesmas 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. Puskesmas carries out several basic businesses or mandatory health efforts (basic health care services or public health essential) to be able to provide comprehensive health care services to all communities in its working area. One of them is the Maternal and Child Health Program (KIA). 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 dukun 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.

METHODS

Research methods as a way to obtain scientific truth or a solution to a problem basically use scientific methods (Notoatmodjo, 2017). Research design is a research strategy in identifying problems before the final planning of data collection and identifying the structure in which the research is carried out (Nursalam, 2017). In this study, a qualitative descriptive research design was used which is a research method carried out with the main aim of creating a picture of a situation objectively and understanding a phenomenon about what is experienced by the research subject holistically (Nursalam, 2017). Qualitative research methods are research methods used to research natural object conditions where the researcher is the key instrument, data collection techniques are carried out by triangulation (combination), data analysis is inductive and qualitative research results emphasize meaning more than generalization (Sugiyono, 2017).

RESULTS

Description of Analysis of Factors Influencing the Selection of Birthing Assistance for Mothers During the Covid-19 Pandemic.

Knowledge

The results of the interview showed that the achievement factor for childbirth by health workers is still far from expectations where the achievement obtained so far has reached 67.33%, so it is still far from the target of 100%. This was expressed by one of the informants who said that:

"Giving birth with a grandmother is better, it's not complicated like at a midwife, if at a midwife you have to take care of what is needed, especially now you have to have an antigen to check pregnancy and give birth, if the result is negative it's okay but if now it can be said to be positive for Covid even though the result is negative and must be quarantined, that's why I don't want to be at a midwife or at the hospital, it's better with a grandmother who is not complicated and doesn't have to take care of anything like that" (Interview Results with Informant 1)

This is in contrast to what was expressed by one of the informants who said that: "I want to give birth with a midwife because I have good knowledge about childbirth or pregnancy and I also prioritize my safety and that of my child, before the midwife performs an examination, an antigen test must be carried out because it is a requirement to give birth at the health center, the goal is so that I know whether there is a virus in my body or not and there is no transmission to other people, especially to my child, after the results are negative, the midwife will carry out an examination such as weighing and also conducting an examination to find out the opening" (Interview Results with Informant 2)

The same thing was also expressed by one of the informants who said that: "In the Nambo Health Center area, there are still some pregnant women or those giving birth who still choose to go to a traditional midwife, therefore the achievement of childbirth is still far from expectations, but we always try to approach and educate and counseling especially for maternal and child health in the community, especially for pregnant women" (Interview Results with Informant 3)

Based on the interview results above, it can be concluded that the knowledge factor of choosing a place of delivery by health workers is still far from expectations where the achievement obtained so far has reached 67.33%, so it is still far from the target of 100%. However, midwives continue to make maximum efforts to meet the National target of 100% "

Mother's attitude
The results of the interview showed that the attitude of mothers in choosing a place of delivery by health workers is still far from expectations where the achievement obtained so far has reached 67.33%, so it is still far from the target of 100%. This was expressed by one of the informants who said that:

"People sometimes prefer midwives to help with childbirth compared to health workers (midwives) because of the community's trust in midwives." (Interview Results with Informant 3)

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

"despite the pandemic, I still choose to give birth at a health worker like my sister, because I have been to school so I already know if something abnormal happens even though sometimes the prediction is that I will give birth normally and it will be handled faster" (Interview Results with Informant 2)

This is in contrast to what was expressed by one of the informants who said that:

"it is more comfortable to give birth at home by calling my grandmother because the house is close so she comes quickly than to a midwife or other place because it is also far from home and my grandmother is more experienced because she has been there for a long time" (Interview Results with Informant 1)

Based on the results of the interview above, it can be concluded that the mother's attitude factor in choosing a place of delivery by health workers is still far from expectations where the achievement obtained so far has reached 67.33%, so it is still far from the target of 100%. However, midwives are still trying their best to meet the National target of 100% "

Husband/family support

The interview results show that support provided by family or husband greatly influences the achievement of the choice of place of delivery by health workers. This was expressed by one of the informants who said that:

"health workers always collaborate in working with cross-sectors and invite traditional birth attendants to partner in the case even though sometimes the traditional birth attendants do not want to collaborate" (Interview Results with Informant 3)

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

"My husband/family is very supportive, even my husband/family has given support long ago for the safety of me and my child." (Interview Results with Informant 2)

This is in contrast to what was expressed by one of the informants 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 Informant 1)

Based on the interview results above, it can be concluded that the support of the husband/family in supporting the choice of delivery location by health workers greatly affects the safety of the mother and baby.

Tradition/culture

The results of the interview revealed that one of the obstacles in achieving the selection of the place of delivery by health workers is the lack of full trust from the community in health workers in assisting with childbirth. The community sometimes prefers a traditional birth attendant compared to a health worker because of the community's trust in traditional birth attendants. This was expressed by one of the informants who said that:

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

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

"If the tradition still exists, but the safety of my life and my child's life is still more important because the past and present are very different and even though the distance between the health center and my house is far apart, I still go to the health center because my husband and I have planned to give birth at the health center with a midwife" (Interview Results with Informant 2)

This is in contrast to what was expressed by one of the informants who said that:

"It is customary here that on average if you want to give birth, you will definitely go to your grandmother, because she has been helping people give birth for a long time. So people here trust her more, my second child is also helped by my grandmother and I am also neighbors with my grandmother so I don't have to go all the way to the health center which costs more money". (Interview Results with Informant 1)

Based on the interview results above, it can be concluded that one of the things that hinders the achievement of the selection of the place of delivery by health workers is the lack of full trust from the community in health workers in assisting with childbirth. People sometimes prefer midwives over health workers because of their trust in midwives. In addition, the accessibility of health services is one of the obstacles that makes people reluctant to visit health facilities, especially mothers in childbirth. In addition, there is also a lack of facilities and infrastructure that can support people's behavior in visiting the Health Center.

DISCUSSION

Analysis of factors that influence the selection of birth attendants during the Covid-19 pandemic

Mother's knowledge

The results of in-depth interview research with informants showed that mothers who gave birth at dukuns were less knowledgeable than mothers who gave birth at health workers

(midwives) about the health of pregnancy and childbirth. On average, pregnant women first carry out 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 the 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 dukuns had less understanding and 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 only danger signs in labor that are known to mothers who give birth at traditional birth attendants are bleeding, if convulsions or eclampsia and placental solution occur, they assume that this is just a greeting from spirits/magical beings when they leave the house at night, where pregnant women and women in labor are vulnerable to these creatures. Mothers who give birth in midwives better understand the danger signs in childbirth, so they are afraid of giving birth in a dukun, but they still call a dukun as a midwife's companion just to carry out the traditions and culture of the local community. People still have high trust in dukuns because dukuns 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 dukun said that it was better for them to give birth at a dukun because the dukun would look after the mother until the end of the birth, would not be exposed (naked) so that the genitals could be seen clearly and would not be checked every 4 hours and apart from assisting the birth the dukun also carried out their traditions which according to the teachings of the Islamic religion 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 KIA. 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.

Mother's attitude

The results of in-depth interviews and observations of informants regarding attitudes can be seen in 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 that the knowledge in assisting childbirth is understood by midwives and if complications occur, they can be handled quickly and well. This is different from mothers who give birth at a dukun, they feel safe when the care from birth to completion is carried out by a dukun in which traditions and

culture are carried out, the shaman's greater experience, the friendliness of the dukun and the touches given are also some of the factors that cause this. 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. Definitively, 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.

Husband/family support

Based on the results of interviews and observations with informants regarding support from husbands or families, 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 dukun 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 the husband also knows what he can do when his wife undergoes the birth 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.

Tradition/culture

The people 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 monthly raba puru 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 dukun also has a causal factor in that there is still a perception among the public that the ability of a dukun 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 ones that have been carried out so far are still safe and healthy until now, where they say that health workers (midwives) give birth only when emergencies occur.

Midwife and shaman partnership meetings, which have been intensified by the central government, have only been held twice in 2015 using BOK funds, but not all midwives have been reached or participated in the program because the number of midwives is still large, so not all midwives have partnered with health workers at the Puskesmas, especially those who are located far away. In 2014, 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. Lack of understanding in implementing maternal and child health programs 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 dukun and midwives, there is a clear division of roles. The midwife plays a role in providing medical assistance to the mother, while the dukun 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 shamans here is familial, this does not necessarily mean there is no transactional relationship between the two. The informants' responses regarding birth assistance from TBAs at this time were also different, the same answer was given by the informants, where mothers would still give birth to TBAs, but different from the answers given by other informants, they still suggested that delivery be carried out together. In terms of providing MCH assistance, especially during childbirth, which is held jointly between dukun 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 delivery. In its supervisory function, the dukun plays a role in supervising the mother from the time of pregnancy until the moments before delivery. In this case, usually the dukun is the person who contacts the midwife when a mother in the area is about to give birth.

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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 concerns 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

The knowledge of mothers who give birth with traditional birth attendants (TBAs) remains limited, as initial pregnancy check-ups are still entrusted to TBAs, and many mothers lack understanding of labor signs and danger signals during childbirth. In contrast, mothers assisted by midwives tend to recognize the symptoms of labor and potential complications. However, community members perceive that health education delivered during *posyandu* sessions at Community Health Centers is ineffective, as distractions such as crying babies hinder mothers from receiving critical information. Attitudes between mothers choosing TBAs and those choosing midwives also differ those selecting TBAs feel more secure due to the attendants' age, experience, proximity to the community, and perceived quality of care. Meanwhile, mothers opting for midwives appreciate their formal education and ability to manage complications. Support from husbands and families is evident through their active involvement in childbirth preparations, including contacting birth attendants and religious figures for traditional rituals like *qamat*. Strong cultural and religious traditions persist, such as the belief that male involvement in childbirth is taboo, and rituals like seven ceremonial baths, the burial of the placenta, and postpartum massages are deeply embedded in the community, particularly among the predominantly Muslim population. These cultural beliefs, being rooted in ideology and life philosophy, are resistant to change and continue to influence maternal practices. Furthermore, the ineffective partnership between midwives and TBAs remains a barrier to achieving maternal health goals, such as those outlined in the 2015 MDGs.

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