



STUDY OF SELECTION OF DELIVERY ASSISTANCE BY TBAS IN MATERIALS IN MASADIAN VILLAGE, MENUI SUB-DISTRICT, MENUI ISLANDS, MOROWALI DISTRICT

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ABSTRACT

Background: Nationally, indicators regarding the coverage of delivery services at health facilities have succeeded in achieving the objectives of the 2017 strategic plan, but in several provinces in Indonesia there are still significant differences regarding the coverage of delivery services, for example, Jakarta has the highest coverage at 102%, then Bali at 97.73 %. Meanwhile, Central Sulawesi Province only had an achievement of 76.18%. **Objective:** This study aims to find out the description of the selection of birth attendants by dukuns for mothers giving birth in Masadian Village, Menui District, Archipelago District, Morowali Regency. **Methods:** This research has a type of quantitative design with a descriptive approach. The population in this study were all birth mothers assisted by traditional birth attendants in 2022, totaling 40 people. the sample in this study was a portion of mothers who were assisted by traditional birth attendants in 2020 as many as 29 respondents. The sampling technique in this study was purposive sampling. The research data was processed using descriptive statistical tests. **Results:** The results showed that 69% of the respondents had low education and 31% had higher education, 62.1% less knowledge of respondents and 37.9% good category, most of the respondents' economic status was 72.4% low economic and 27 high economic .6%, access to health services 100% access is not affordable, and husband/family support 51.7% do not receive family support and 48.3% receive family support. **Conclusion** It can be concluded that mothers who choose to give birth at traditional birth attendants are due to unaffordable access to health facilities, low family income, and low mothers' knowledge. It is suggested to the health office to establish health centers in the farthest villages and provide counseling to the community so that they are ready and willing to give birth with a midwife

Keywords: *birth attendant, traditional birth attendant, knowledge, access, family support*

INTRODUCTION

The World Health Organization (WHO) estimates that around 830 women die every day due to pregnancy complications. About 99% of these deaths occur in developing countries. In 2018, the maternal mortality ratio in developing countries was 239 per 100,000 live births (KH) compared to 12 per 100,000 KH in developed countries. Meanwhile, there were 2.7 million babies who died during the first 28 days of life and 2.6 million who were stillborn. Indonesia ranks first in Southeast Asia with 213 cases per 100,000 KH, followed by the Philippines 171, Vietnam 162, Thailand 144, Brunei 60, and Malaysia 39 per 100,000 KH. ⁽¹⁾

The 2018 Indonesian Basic Health Survey (IDHS) shows that 90% of maternal deaths are caused by childbirth. As many as 28% due to bleeding, 24% eclampsia, 27% prolonged labor and 11% due to infection. Various efforts have been made to reduce MMR and IMR. One is the increase in delivery services in health facilities by trained health workers ⁽²⁾.

The proportion of births supported by trained health workers (medical workers) reached 90.88% in 2019. With this figure, the 2017 Ministry of Health Strategic Plan target of 90% has been achieved. The achievement of this indicator over the last nine years has shown an increasing trend where 73.17% in 2010 became 91.78% in 2019 ⁽³⁾. The indicators regarding the coverage of delivery services at national health facilities have succeeded in achieving the objectives of the 2017 strategic plan, but in several provinces in Indonesia there are still significant differences regarding the coverage of delivery services, for example, Jakarta has the highest coverage at 102%, then Bali at 97.73%. Meanwhile, Central Sulawesi Province only had an achievement of 76.18%. This shows that the achievement of delivery assistance by medical personnel in Central Sulawesi is still below the national target of 90%. ⁽⁴⁾.

Health Profile of Central Sulawesi Province (2020), there were 27.9% of infant deaths assisted by non-health personnel from 62 cases of death that occurred in 2018. In 2019 there were 28.5% of infant



deaths assisted by non-health personnel from 57 deliveries. In 2020, there are 31% of infant deaths from 63 cases of childbirth⁽⁴⁾. Morowali Regency, Central Sulawesi Province, is still faced with high MMR and IMR. Maternal mortality still occurred, 8 cases in 2018, increased by 9 cases in 2019 and decreased to 6 cases in 2020. The high cases of IMR and AKI were due to the low number of pregnant women making contact with birth attendants in health care facilities, only 26.3%⁽⁵⁾.

As a party that is considered competent, midwives play an important role in maintaining the health of mothers and children, especially during the delivery process. However, the facts on the ground are that there are still very many deliveries which are then assisted by traditional obstetricians (traditional birth attendants) compared to midwives⁽⁶⁾. The phenomenon of dukun beranak (traditional obstetricians) has a very significant impact on efforts to improve the health of mothers and babies, because, in the process of delivery (birth) in Indonesia, most (40%) still rely on and are handled by traditional obstetricians (traditional birth attendants), this is exacerbated with the lack of training of traditional birth attendants in carrying out childbirth procedures, the risk of maternal and infant mortality during childbirth is very large⁽⁷⁾.

Data from the Masadian Village Health Center, Menui Islands District, Morowali Regency (2021), found that the number of pregnant women in Masadian Village, Menui Islands District, Morowali Regency in 2017 was 70 pregnant women, with 20 pregnant women assisted by health workers, 50 pregnant women, with traditional healers as birth attendant. In 2018 the number of pregnant women was 73 people, with only 23 people relying on health workers as helpers during childbirth, and 50 assisted by traditional healers. In 2019 the number of pregnant women was 84 pregnant women, with 24 pregnant women assisted by health workers and 60 pregnant women assisted by traditional healers. Meanwhile, from 2020 to 2021 data on pregnant women found as many as 93 people, with 53 mothers assisted by health workers and 40 mothers assisted by traditional healers. These facts explain that the delivery process performed by health personnel is still very low and far from what was expected⁽⁸⁾.

Low coverage of obstetrics (delivery) by health workers is one of the reasons for the high

maternal mortality rate due to non-medical assistance. For areas that have access that is difficult to reach, effective efforts are urgently needed to increase the enthusiasm of women giving birth to give birth to health workers. The possible effort we can do is to make a breakthrough in the form of a partnership program between midwives, obstetricians, and maternity hospitals. Traditional healers, in this case, are made partners by health workers in terms of midwives while continuing to empower dukuns in childbirth efforts. Of course, in this case, they will not be given the task of carrying out the delivery process, but other tasks that are considered to be able to help the mother's delivery process.⁽³⁾

Based on the results of initial observations conducted by researchers in Masadian Village, Menui Islands District, Morowali Regency on May 18, 2021, it was found that 6 mothers who had given birth were assisted by 3 obstetricians and 3 assisted by health workers. The reason why mothers give birth at traditional birth attendants is because mothers feel that the costs incurred during childbirth are less when compared to giving birth at midwives and they think giving birth at traditional birth attendants is a very fast process. There are also mothers who have given birth at traditional birth attendants because their mothers are afraid of needles, especially if they have to have surgery. In general, these mothers thought that the births they gave to traditional birth attendants were also safe and did not pose a risk to their health and that of their children, the same as giving birth to midwives.

METHODS

This research uses a type of quantitative research using a quantitative descriptive design. This research was carried out in Masadian Village, Menui Islands District, Morowali Regency starting from September - October 2022.

The population in this study were all birth mothers assisted by traditional birth attendants in 2022 as many as 40 people. The sample used in this study were 29 respondents. Sampling using purposive sampling technique.

The inclusion criteria in this study were: Able to read and write, Mothers who had given birth at a dukun beranak While the exclusion criteria were, Mothers who experienced complications in pregnancy and were not at the location during the



study. The SPSS 25.0 program is the choice of researchers to process and analyze research data. In this study only used univariate analysis.

RESULTS

Characteristics of respondents

Table 1. Characteristics of Respondents in Masadian Village

Characteristics of Respondents	n	%
Age group		
Risk (<19 or > 36 years)	6	20,7
No risk (20-35 years)	23	79,3
Total	29	100
Education		
Elementary school	11	37,9
Junior high school	9	31,0
Senior High School	8	27,6
Bachelor	1	3,4
Work		
Work	7	24,1
Doesn't work	22	75,9
Parity		
1-2 children	18	62,1
>2 children	11	37,9

The table shows that out of 29 respondents, only 6 respondents (20.7%) were in the risk group (<19 years or > 36 years) and 23 respondents (79.3%) were not at risk (20-35 years). At the highest level of education is elementary school education by 11 respondents (37.9%) and the lowest is S1 by 1 respondent (3.4%). Most of the respondents did not have jobs (75.9%) or as many as 22 respondents and only 7 respondents (24.1%) had jobs. In parity there were 18 respondents (62.1%) had 1-2 children and 11 respondents (37.9%) had children > 2 children.

Selection of Delivery Assistance

Table 2. Description of the Selection of Delivery Assistance by Education

Variable	n	%
Education		
Low	20	69
Tall	9	31
Knowledge		
Not good	18	62,1
Good	11	37,9
Economy		
Low	21	72,4
Tall	8	37,6
Access		
Affordable	0	0
Unreachable	29	100
Family support		
There is support	14	48,3
No support	15	51,7

DISCUSSION

Education

The results showed that out of 29 respondents, 20 respondents (69%) had low education and 9 respondents (31%) had higher education. It was concluded that most of the respondents who chose to give birth at a dukun beranak had low education, namely elementary to junior high. This is closely related to the level of one's knowledge, especially the mother's knowledge. especially on the attitudes and actions of mothers towards the selection of birth attendants. Low education means that mothers have limited access to health information, especially information regarding safe and comfortable delivery for pregnant women. This will then have an impact on the mother's mistake in making a decision where she will give birth.

This is in line with research conducted by Marsilia (2018) which found that education has a very significant relationship between a mother's education and the choice of traditional birth attendants as obstetricians. In this study explained that the mother's low education will potentially choose a dukun as an obstetrician 4,550 times more often than a midwife⁽⁹⁾.

So it can be concluded that if a person has a higher education, the more knowledge he will have, especially knowledge about childbirth health, so, the possibility of you choosing a traditional obstetrician as an obstetrician will be small, and choosing a midwife as a maternity doctor will be the greater it is. But this conclusion is a big problem for the people of Masadian Village, especially in terms of selecting the correct delivery process, namely the maternity doctor or midwife, because the data found by the researchers shows that the people of Masadian Village who have a low level of education are still relatively large, resulting in the quality of human resources. Community resources, especially the quality of mothers, is very low. Of course, low education greatly affects the awareness of mothers in choosing a birthing place that is safe and comfortable for mothers and their children.

Someone with higher education will make it easier for someone to get and have health information. In tertiary institutions, people tend to obtain information not only from the mass media but also from other people. The more sources of information you have, the more knowledge you will have, including knowledge about your own health,



and it will also affect behavior about health that will be applied in everyday life. Education will also influence the plan for selecting birth attendants. Mothers with higher education will choose birth attendants who are assisted by health workers, and will choose a dukun as a place to give birth if their education is low. Mothers with low levels of education, let alone supported by poverty, will experience limited power in making decisions related to the process of pregnancy and childbirth⁽¹⁰⁾.

Knowledge

The results showed that out of 29 respondents, 18 respondents (62.1%) had good knowledge and 11 respondents (37.9%) had poor knowledge. It can be concluded that some of the respondents who gave birth at traditional birth attendants were dominated by mothers who had low knowledge of delivery at health services.

Likewise with the results of an interview with one of the mothers who had assisted childbirth, she said that she knew that traditional birth attendants could do prenatal checks and deliveries. She had intelligence because she had experience in helping mothers give birth. The interviews show that pregnant women who give birth at a dukun beranak in Masadian Village, Menui Islands District, have wrong knowledge about safe and comfortable childbirth, because they think the dukun they go to has expertise and is able to take action to assist in childbirth.

From the description of the results of the research that the researchers have done, it is concluded that the community, especially mothers in Masadian Village, Menui Islands District, are still classified as very low, especially regarding the choice of place for delivery of mothers for the convenience and safety of mothers and prospective children. The dukun beranak is the choice of the mother in giving birth in Masadian Village because there is an assumption that the dukun beranak has skills and experience in giving birth. This happens because this incident has been passed down from generation to generation by shamans. In addition, mothers who are giving birth for the first time choose a dukun as their birth attendant because they are influenced by the stories of their parents who previously also chose a dukun rather than a midwife in giving birth. So the choice of a dukun beranak as a place for childbirth

has become a habit for the community, especially in Masadian Village, Menui Islands District.

Sari research (2020) also showed the same results as this study, he found that the high visit of mothers giving birth to traditional birth attendants in Simarmata Village, Samosir Regency, was one of them influenced by low mother's education which had an impact on mother's wrong knowledge about birth control assistants. So that this study concluded, the informants' knowledge was wrong and lacking about safe delivery in health services⁽¹¹⁾.

In the same year, Anika's research also found that out of 76 informants, it was known that 44 respondents (53.9%) had less knowledge about safe delivery, and a number of 35 respondents (46.1%) had good knowledge, and choosing a place for delivery 44 respondents (57.9%) at home, and 32 respondents (42.1%) choosing a place to deliver at a health facility⁽¹²⁾.

Mothers who know the danger signs of obstetrics are a factor that can influence in encouraging someone to use health workers during childbirth. She prefers to get help from a health professional to overcome her fears, because her mother is afraid of facing problems after giving birth, so the mother will be encouraged to choose a midwife in carrying out the delivery.

Knowledge is the initial source of forming attitudes which in general will be directly related to the formation of one's behavior, and the behavior of mothers who are well-informed, will tend to use health workers as obstetricians and vice versa if mothers have less knowledge they will tend to choose dukun beranak. Likewise with the World Health Organization (WHO), which says that mothers who have good reproductive health knowledge will have sufficient confidence and insight in making decisions about the choice of obstetrician.⁽¹³⁾

Researchers assume that most mothers still lack knowledge about places to give birth, because their perspectives have a different understanding of safe and clean delivery. The lack of information that this mother receives is an interesting or unexpected complication of childbirth that is not supported by medical personnel. Therefore, socialization by health workers in all disciplines is very important so that mothers who choose their place of birth can convey their understanding, understanding and knowledge about their mothers.



Economic status

Economic status of families of mothers giving birth at traditional birth attendants Most of the 21 respondents (72.4%) have low economic status and 8 respondents (37.6%) have high economic status. Her husband's average income is less than the UMR. The mother thinks that her income is very low because to meet daily needs and monthly bills for food and children's pocket money is not enough for the family's monthly income. Therefore, most of the mothers in this study should choose to give birth with the help of an obstetrician (Paraji). This is because obstetricians (Paraji) don't need a lot of money, they only need to be paid sparingly, so it makes it very easy for mothers to bear the costs of childbirth in the current economic situation.

Even though the Menui Islands Health Center has provided free delivery fees, mothers who give birth tend to prefer giving birth with the help of traditional obstetricians (Paraji). Because they are afraid that they will incur unexpected costs if they give birth at the midwife. In fact, according to midwives, midwives help patients even though they are not really needed, so if midwives want to help mothers give birth, people don't have to be afraid of costs.

Reviewing the concept of the Health Belief Model (HBM), a person's economic condition is closely related to the condition of a person's feelings, especially regarding health status in this case the threat of a disease or certain conditions to then take action to prevent and cure the condition or disease. In line with the theory above, the results of this study highlight the fact that mothers who have low economic status or income have feelings of fear about giving birth at obstetricians (midwives) because they feel they do not have enough money to give birth, so they prefer traditional birth attendants as a place to delivery compared to midwives ⁽¹⁴⁾.

Likewise in Greenen's theory, which explains that a person will take a positive or negative action because of economic encouragement. According to the research results obtained in this study, it was found that husband and wife felt afraid and anxious if the mother was going to give birth at the Puskesmas/Midwife, they were worried that they would be asked for additional costs during the delivery later, even though the Puskesmas had actually provided an understanding that giving birth

at the Puskesmas has no additional costs, apart from being cheap, giving birth at the Puskesmas can also increase and minimize unwanted health risks ⁽¹⁵⁾.

This is in line with Safitri (2017) who found that many factors influence a mother in choosing a place and birth attendant, that is, in addition to enabling factors and driving factors, there are also social factors from the family of the mother giving birth. Predisposing factors that influence mothers to give birth at traditional birth attendants are due to the mother's poor economic status ⁽¹⁶⁾.

This family's economic status is one of the strong reasons why mothers prefer to give birth at a traditional birth attendant, compared to health workers, in this case obstetricians or midwives. They would all be more interested in going to a traditional birth attendant than they would going to a midwife, because according to them, the traditional birth attendant does not provide special prices for those who are going to give birth, so that mothers do not have to worry about the costs of the deliveries they do.

Access

shows that all respondents (100%) said their house was far from the place of delivery by health workers (Puskesmas). The criteria for being far or unreachable in this study are limited by the radius distance (≤ 6 KM). This is because the distance from the mother's house to the obstetrician (Paraji) is actually shorter than the distance from the mother's house if she has to go to the health center or midwife. The distance between the house and the health service is quite far, which is about 6 km and to reach it you have to cross the sea by boat. This condition is exacerbated by the fact that the road from the house of the mother giving birth to the Puskesmas is still in an unfavorable category, that is, it is uneven and even has holes.

Eka's research (2019) found the same results as this study, where Eka explained that there was a strong relationship between the distance of a health facility from the mother's home and the choice of an obstetrician with a p-value of 0.011 ⁽¹⁷⁾. Harnani and Yesi (2019) in their research also obtained the results of an analysis at $p = 0.05$ which concluded that there was a significant and strong relationship between the choice of a birth mother and access to a maternity home, which concluded that mothers with homes far



from health facilities were at risk to give birth at the dukun beranak because their house is very close to the dukun beranak ⁽¹⁸⁾.

The results of the observations of researchers by making direct observations in Masadian Village, Menui Islands District, the general condition of roads in Menui Islands District as a whole is not good, plus access to health services is very far because they have to cross the sea by boat. Most of the connecting roads between villages and towns are unpaved, with the condition that some of these roads are no longer passable by car vehicles. Public transportation (Ankot) has to be waited for by the community because the number of angkots is still very small, plus boats don't operate all the time.

The distance to health services that are difficult for mothers to reach has resulted in people choosing to seek closer delivery assistance due to the long distance and travel time choosing to deliver with a traditional birth attendant, and give birth at home due to the lack of transportation facilities and in the area there are no health facilities. The close distance from the mother's house to the obstetrician (Paraji) makes mothers who are about to give birth prefer to come to a traditional birth attendant, rather than come to a health worker. Therefore, this distance is used by mothers as a reason why they choose an obstetrician (Paraji) as an obstetrician.

The Green concept, explains that the distance between the house and the health facility is one of the motivations for someone to take action. The same thing applies to this study, because the distance between the midwife's house is far from the house of the mother who is about to give birth, making the mother choose to have the birth process at a dukun bersarin (Paraj) to support the delivery process. According to the mother, it was impossible for them to give birth at the midwife's house which was very far from their home ⁽¹⁹⁾.

What midwives can do to maximize performance to change mothers' attitudes in choosing birth attendants at midwives is to work closely with local administrators and RTs to educate expectant mothers about the existence of midwives in every village, increase awareness and positive attitude of pregnant women who are about to give birth, and prevent them from giving birth again. Rely on Parahis (shaman with children). In terms of distance, travel

time can have a significant impact on the obstetrician's choice of health professional.

Family support

The results of this study showed that out of 29 respondents, 14 respondents (48.3%) received husband support and 15 respondents (51.7%) did not receive husband/family support. Imelda's study (2018) reached $p = 0.018$. This shows that there is a significant relationship between family support and the choice of obstetrician. For $OR = 2.339$, this means that respondents who are supported by their family are twice as likely to choose a health professional as an obstetrician than respondents who are not supported. This is in accordance with the results found by Paramita and Ayu (2018) which provided statistical results ($p = 0.001$) which concluded that there was a significant relationship between the choice of obstetrician and family support ⁽²⁰⁾.

The results of the observations of researchers in Masadian Village, Menui Islands District, they did not get support for giving birth to health workers, in this case by midwives, because most of the families of mothers who gave birth had a low level of education, resulting in the knowledge of family members of mothers who gave birth about how to give birth. the right one is not enough. There are still many families of mothers who give birth in Masadian Village, Menui Islands District, who give advice to mothers who give birth at a dukun beranak. The people there think that giving birth is something that is normal and not dangerous for the mother and their potential child, this is due to their lack of knowledge of the danger signs during childbirth. Later, this was strengthened by the support of the traditional birth attendant, so that she gave birth at home only with the help of the traditional birth attendant. Not only mothers, mother-in-law who gave birth also received support. The mother-in-law is very familiar with the traditional birth attendant, so the mother-in-law who gives birth supports her in giving birth. In the past, an obstetrician helped her give birth. Child.

Therefore, mother-in-law also supports mothers who give birth with the help of traditional birth attendants. As the head of the household, a husband should be the policy maker in the household, including in determining the choice of place for the mother to give birth. A good decision should come from a husband, where the family, in this case the



husband, is a source of protection both physically, psychologically and socially. Family members can work to prevent disease and improve health status for family members. In the family must provide facilities to other family members in order to avoid disease and achieve optimal health. One example of family support is in the form of other facilities such as education or health insurance to protect family members ⁽²¹⁾.

There is one theory that is in accordance with the concept researchers use in research on the environment. This is green theory. Environmental factors in green theory are the closest people around us who can influence someone to behave. In this study, the environment for pregnant women is the husband and mother-in-law who live in the same house or are close to the mother-in-law, so that the mother-in-law and husband are the closest people to the mother-in-law. Mother-in-law plays a role in selecting an obstetrician for delivery ⁽²²⁾.

Therefore, the husband's role in preparing for pregnancy is to create a woman to feel safe and comfortable and to motivate pregnant women during childbirth. The existence of the family during the mother's pregnancy is very important. The whole family can be involved as much as possible in helping pregnant women to better prepare themselves to become parents in the future. One form of support that can be provided by the family includes visiting the mother frequently during pregnancy and accompanying pregnant women in pregnancy checks by health workers. It is also morally supportive to pray for safety when mother and child meet ⁽²³⁾.

RESEARCH LIMITATIONS

This research has several limitations, among others :

1. Some of the respondents were hard to find because they were working in the garden
2. Access to the research location is very far and you have to cross the ocean by boat to get to the research location
3. The number of respondents is very small

CONCLUSION

The results showed that 69% of the respondents had low education and 31% had higher education, 62.1% less knowledge of respondents and

37.9% good category, most of the respondents' economic status was 72.4% low economic and 27 high economic . 6% access to health services 100% unreachable access and husband/family support 51.7% do not receive family support and 48.3% receive family support.

It is suggested to the health office to establish health centers in the farthest villages. Community health centers are expected to always provide counseling to the community so that they are ready and willing to give birth with a midwife. It is hoped that further research can improve the research method to become analytic with several other variables that are considered to have a relationship with the reasons why mothers choose birth attendants.

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