

THE RELATIONSHIP OF CUSTOMS, KNOWLEDGE AND AFFORDABILITY OF FACILITIES AND INFRASTRUCTURE TO AID SELECTIONS LABOR

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ABSTRACT

Introduction: Indonesia is aggressively targeting reducing the maternal mortality rate to 70 deaths per 100 thousand live births by 2030. Currently, the proportion of maternal deaths is approximately 305 deaths per 100 thousand live births. Where the biggest deaths occur in hospitals around 77%. The mother could not be saved, for one thing, because the mother who was referred to the hospital was already in a state of severe complications. This happens because identification and examination during pregnancy are not optimal and must be strengthened (RI Ministry of Health, 2021).

Purpose of Writing: The purpose of this writing is to find out cultural relations, affordability of facilities and infrastructure and mothers' perceptions of the behavior of choosing delivery assistance in the working area of the Cisimeut Health Center in 2022. The sample in the study was 42 mothers who had given birth in January-December 2022.

Research Method : This research method is descriptive analytic, namely research that tries to explore how and why the phenomenon occurs, then analyzes the dynamics of the correlation between these phenomena.

Research Results: there is no significant relationship between Culture or Customs and Choice of Birth Assistance Behavior in the Work Area of the Cisimeut Health Center in 2022 Continuity Correction value $p = 0.478$ means that $p \text{ value} \geq 0.05$, there is a relationship between affordability of facilities (Continuity Correction value $p = 0.023$) , knowledge (Continuity Correction value $p = 0.001$) on the behavior of choosing delivery assistance in the Work Area of the Cisimeut Health Center in 2022

Conclusions and Suggestions: There is no significant relationship between culture and behavior in choosing delivery assistance in the working area of the Cisimeut Health Center in 2022.

Keywords: Customs, Knowledge, Infrastructure and Childbirth

INTRODUCTION

Indonesia is aggressively targeting to reduce the Maternal Mortality Rate to 70 deaths per 100 thousand live births by 2030. Meanwhile, based on the National Medium Term Development Plan (RPJMN), Indonesia is targeted to reduce the Maternal Mortality Rate to 183 deaths per 100 thousand live births in 2024. Currently This proportion of maternal mortality is approximately 305 deaths per 100 thousand live births. Where the biggest deaths occur in hospitals around 77%. The mother could not be saved, for one thing, because the mother who was referred to the hospital was already in a state of severe complications. This happens because identification and examination during pregnancy are not optimal and must be strengthened. (RI Ministry of Health, 2021).

The maternal mortality rate in Lebak has increased where in The maternal mortality rate was 35 people and then rose to 43 people in 2020 and in 2022 the maternal mortality rate was 39 people. While the infant mortality rate has decreased in the last 4 years where in 2019 there were 443 cases, in 2020 there were 339 cases and as of September 2022 there were 247 cases of infant death. The still high MMR and IMR in Lebak District require efforts from all sectors, not only from the health sector, but it is the duty of all of us to fulfill the reproductive rights of women and the right to life of children. Several strategies that can be carried out include increasing the participation of the community, stakeholders, the private sector, academia, professional and multi-sector organizations, and strengthening education and empowering women in and obtaining reproductive health rights and gender equality. (Supiono, Triyatno, 2021).

Increasing the number of babies born with the help of medical personnel is a crucial step to reduce health risks for mothers and children. Complications in mother and child can be reduced by this action such as severe pain. Of all maternal deaths, it is estimated that 60% occur during and in the first week of delivery (RI Ministry of Health, 2019).

The Cisimeut Health Center is one of the Health Centers in the Lebak district, Banten where case data obtained from the Cisimeut Health Center in 2022 there were 4 cases of maternal deaths and 13 newborn deaths. One of the working areas of Cisimeut Health Center is in the area of the Baduy tribe where their customs and beliefs are still strong. Delivery assistance by paraji/traffickers in the Cisimeut Health Center area still uses a shaman or paraji. Where the coverage rate of deliveries assisted by health workers at the Cisimeut Health Center has not met the national target, namely $\pm 40\%$ of mothers giving birth assisted by traditional birth attendants or paraji.

RESEARCH METHODS

The research design used by researchers in this study is to use descriptive analytic method, which is a study that tries to explore how and why phenomena occur, then analyze the dynamics of the correlation between these phenomena. this researcher used a cross sectional design with a quantitative research type. Cross sectional research is a study to study the dynamics of the correlation between risk factors or independent variables with the observed effect or dependent variable or data collection at the same time. The independent variable in this case is culture/customs, facilities and

infrastructure, knowledge of the dependent variable is the behavior of selecting birth assistance.

RESEARCH RESULT

This analysis was conducted to determine the frequency and percentage distribution of the independent variables (Culture, Affordability of Facilities and Infrastructure, Mother's Knowledge) and the dependent variable (Selection Behavior of Childbirth Assistance).

A. Univariate analysis

Table 1
Frequency Distribution of Birth Assist Selection Behavior

Selection of Birth Assistance		
	Frequency	Percent
Non Medical	32	76,2
Medical	10	23,8
Total	42	100

Of the 42 respondents who gave birth at Cisimeut Health Center place of work, from Table 1, 32 mothers chose non-medical staff obstetrics (76.2%) and 10 mothers chose health facility obstetrics. (23.8%).

Table 2
Distribution of the Frequency of Customs on Choice of Birth Assistance Behavior

Local Customs		
	Frequency	Percent
Believe	29	69,0
Don't believe	13	31,0
Total	42	100,0

Based on Table 2, which interviewed 42 mothers who gave birth at Cisimeut Health Center locations, we found that 29 mothers do not believe in the culture and practices that exist in choosing midwives. (69%), there are as many as 13 mothers – a percentage (31%) – who still believe in the cultures and practices that exist in their behavior of choosing midwives.

Table 3
Frequency Distribution of Mother's Knowledge on Help Selection Behavior

Respondent knowledge		
	Frequency	Percent
Not good	27	64,3
Good	15	35,7
Total	42	100,0

Based on Table 3 of 42 mothers who gave birth at the Cisimeut Health Center place of employment, 15 (35.7%) were found to be behaviorally informed mothers

when choosing a midwife. 27 people (64.3%) answered that they would choose parcel delivery as a condition of their behavior.

Table 4
Frequency Distribution of the Affordability of Facilities
and Infrastructure on the Behavior of Choosing Help

Facilities and infrastructure		
	Frequency	Percent
If 0 is not available	29	69,0
If available	13	31,0
Total	42	100,0

Based on Table 4, which interviewed 42 mothers who gave birth at Cisimeut Health Center locations, we found that 29 mothers do not believe in the culture and practices that exist in choosing midwives. (69%), the percentage of mothers who still believe in cultures and practices that believe in the behavior of choosing a midwife, or up to 13 (31%).

B. Bivariate Analysis

Table 5
The Relationship Between Culture or Customs Against Childbirth Assistance Selection
Behavior

Culture	Birth assistance selection behavior				p-value
	Non medis		Medis		
	n	%	n	%	
YES	23	72	6	21	0478
NO	9	28	4	40	
TOTAL	32	74	10	23%	

Based on table 5 above, it shows that there is a relationship between culture or customs and the behavior of choosing childbirth assistance in the working area of the Cisimeut Health Center in 2022. It is known that out of 29 respondents, 23 respondents (72%) believe in culture or customs and choose non-medical as their birth attendant. , while mothers who believed in the existing culture or customs chose medical as delivery assistance, namely there were 6 respondents (28%) out of 12 respondents.

The results of the chi square statistical test on the Relationship between Culture or Customs and Choice of Birth Assistance Behavior in the Work Area of the Cisimeut Health Center in 2022, obtained a Continuity Correction value of $p = 0.478$ meaning that $p \text{ value} \geq 0.05$, so it can be concluded that there is no significant relationship between Culture or Custom Customs with Choice of Birth Assistance Behavior in the Work Area of the Cisimeut Health Center in 2022.

Table 6

The Relationship between the Affordability of Facilities and Infrastructure to the
Electoral Selection Behavior

Affordability of facilities and infrastructure	Birth assistance selection behavior				p-value
	Non medis		Medis		
	n	%	n	%	
Not available	25	86	6	14	0,023
available	7	54	4	46	
TOTAL	32	76	10	25%	

Based on Table 6 above, we show the relationship between facility and infrastructure affordability and midwifery care choice behavior. In the Cisimeut Health Center work area, it is known that of her 29 respondents who gave birth, 25 (86%) indicated that facilities and infrastructure were not available and opted for assisted delivery. increase. Four respondents (14%), on the other hand, indicated that they chose obstetric care due to lack of available facilities or infrastructure.

The results of the chi square statistical test on the relationship between the affordability of facilities and infrastructure to the behavior of choosing birth assistance obtained a Continuity Correction value of $p = 0.023$, meaning that the p value ≤ 0.05 , so it can be concluded that there is a relationship between the affordability of facilities and infrastructure towards the behavior of choosing delivery assistance in the Work Area of the Cisimeut Health Center Year 2022.

Table 7
Relationship between Mother's Knowledge and Choice
of Birth Assistance Behavior

Mother Knowledge	Birth assistance selection behavior				p-value
	Non medis		Medis		
	n	%	n	%	
No Good	25	86	2	14	0,01
Good	2	54	8	46	
TOTAL	27	76	10	25%	

Based on Table 7, we show the relationship between maternal knowledge and behavior in choosing obstetrics in the 2022 Cisimeut Health Center work area. Two respondents (7%) chose internal medicine and obstetrics despite their poor knowledge.

The results of a statistical chi-square test of the association between maternal knowledge and behavior for choosing obstetrics yielded a continuum-corrected value of $p = 0.001$. This means that the p -value is ≤ 0.05 . Between knowledge and behavior of mothers in choosing obstetrics in the working area of the Cisimeut Health Center in 2022.

DISCUSSION

1. Cultural Relation to Choice of Birth Assistance Behavior

Behavior is the result of various factors, both internal and external (environmental) factors. Of the various determinants of human behavior, many experts have formulated theories or models of behavior formation. Based on their experience in this field, the authors conclude that human behavior can be outlined in three dimensions: physical, psychological, and social. However, from these 3 aspects it is difficult to draw conclusions in influencing human behavior. From various theories it can be concluded that human behavior is actually a reflection of various psychological symptoms, such as knowledge, desire, will, interest, motivation, knowledge, attitude and so on. Behavior is a person's actions/behavior and words, the nature of which can be observed, described and recorded by other persons or persons who do so.

Behavior itself is governed by fundamental principles of behavior, which describe the relationship between human behavior and environmental events. Behavior change can be created by changing the events in the environment that cause the behavior. Behavior can be covert or overt. Covert which means "Visible" so it can be observed and recorded. While overt means hidden so it can only be observed by the person doing it.

The formation of new behaviors, especially in adults, begins in the cognitive realm. This means that the subject has prior knowledge of the stimulus in the form of its external substance or object, which leads to new knowledge for the subject. I know the object. Ultimately, a stimulus, a known fully realized object, elicits another response in the form of an action on the stimulus or object. In other words, an action is an action taken by someone with a specific purpose, influenced by internal and external factors of that person, and producing a specific result.

The results of this study are in line with Elvistran's research (2008), it is known that the proportion of mothers who choose traditional birth attendants in choosing delivery assistance has a culture that is not supportive (47.6%) compared to mothers who have a culture that is supportive (15.2%). The results of the chi square test showed that there was a significant relationship between culture and decision-making regarding the choice of delivery assistance (<0.05), with an OR value of 24.00, meaning that mothers who gave birth at a traditional birth attendant 24 times were mothers with a culture that did not support it compared to supportive culture.

2. The Relationship of Affordability of Facilities and Infrastructure to Choice of Birth Assistance Behavior

To help achieve health development, the government provides several health facilities or facilities and their health workers. One of the widely used medical facilities in the community is Puskesmas. The Puskesmas as one of the district/city service technical implementation units plays a role in providing quality public services to the community by making various efforts to fulfill all expectations, wants and needs and is able to provide satisfaction for the community.

At this time health centers have been established in almost all corners of the country. To reach all areas of work, the Health Center is reinforced by Subsidiary Health Centers (PUSTU) and Mobile Health Centers (PUSLING).

Although state-owned facilities for basic health services such as Puskesmas exist in all subdistricts and are supported by at least three secondary Puskesmas, communities do not have access to health activities. . Indonesia is still facing the problem of equity and affordability of health services, it is estimated that only 30% of the population utilizes health services and auxiliary health centers.

Based on the National Socioeconomic Survey (2007), the low utilization of health services at puskesmas may be influenced by several factors including age, knowledge, educational status, economic status, distance, travel time, behavior of health workers, health needs and sigma or external influences on services. Public health center. So it can be concluded that all of the above factors can determine whether a central center functions or not.

In the opinion of researchers with the results of research that has been conducted in the Work Area of the Cisimeut Health Center, it is said that there is a significant relationship between the affordability of facilities and infrastructure on the behavior of choosing delivery assistance because it can be seen from the location of the village which is far from public transportation, not many have private means of transportation as well as the lack of health workers such as village midwives whose location and whereabouts are inaccessible.

3. Relationship between Mother's Knowledge and Choice of Birth Assistance Behavior

Knowledge of mothers who are not good has a chance of 39 times having bad knowledge in the behavior of choosing delivery assistance carried out by medical personnel compared to mothers who have good knowledge.

In line with the results of the study (Agusti P, Armawan E, 2013) in his research on knowledge and attitudes of the community in choosing birth attendants for 42 respondents who gave birth with health workers and traditional birth attendants. The results showed that there was still negative knowledge from the community towards health workers by 9.5% and there was still a lot of positive knowledge from the community towards traditional birth attendants by 80%. This is in accordance with the theory that the community's knowledge of health workers is good, but when viewed from the number of knowledge of traditional birth attendants, this figure shows that the community still views that delivery at traditional birth attendants is also good.

A person's attitude toward an attitudinal object is the manifestation of a constellation of these three components, which interact to perceive, feel, and act attitudinal objects. The three components are interrelated and harmonious with each other. Therefore, there is internal organization between the three components.

In the opinion of researchers regarding the relationship between culture or customs, the affordability of facilities and infrastructure and the mother's knowledge of the behavior of choosing delivery assistance, the results show that there is a significant relationship between these three variables. Most of the community's knowledge of health workers such as midwives and others said it was good, but there were some who said that deliveries performed at traditional birth attendants or parajis were also good because they had the skills to help with deliveries passed down from their ancestors so they thought that dukuns or parajis were very professionals rather than midwives.

CONCLUSIONS AND RECOMMENDATIONS

1. Conclusion

- a. Of the 42 research samples, 32 people (76.2%) gave birth at non-health personnel, 10 people (23.8%) chose delivery assistance at the Health Facility.
- b. The results showed that 29 (69%) people believed in customs and 13 (31%) did not believe, while 15 people (35.7%) had good knowledge and there were still many who had bad knowledge, namely 27 people (64.3%). %) and 29 people (69%) thought that the facilities and infrastructure were not available for the selection of birth assistance and 13 respondents (31%) thought that the facilities and infrastructure were available for the selection of delivery assistance.
- c. The results of the study showed that there was no significant relationship between culture or customs and the behavior of choosing childbirth assistance in the working area of the Cisimeut Health Center in 2022 with a Continuity Correction value of $p = 0.478$, meaning that $p \text{ value} \geq 0.05$.
- d. The results showed that there was a significant relationship between the affordability of facilities and infrastructure and the behavior of choosing childbirth assistance in the Cisimeut Health Center Work Area in 2022 with a Continuity Correction value of $p = 0.023$, meaning that $p \text{ value} \leq 0.05$.
- e. The results of the study showed that there was a significant relationship between mother's knowledge and the behavior of choosing childbirth assistance in the working area of the Cisimeut Health Center in 2022 with a Continuity Correction value of $p = 0.001$, meaning that $p \text{ value} \leq 0.05$.
- f. The results of the study showed that there was a significant relationship between mother's knowledge and the behavior of choosing childbirth assistance in the working area of the Cisimeut Health Center in 2022 with a Continuity Correction value of $p = 0.001$, meaning that $p \text{ value} \leq 0.05$.

2. Recommendations

- a. For health workers

- 1) Coordination of all traditional obstetricians in each work area to provide guidance and training to support healthy childbirth and equip sterile medical equipment.
 - 2) Additional health facilities in remote areas such as auxiliary health centers, village health posts, and provision of health facilities such as midwives and transportation facilities such as ambulances for health operations
- b. For researchers and other researchers
- Further research is needed in the same area using different variables

REFERENSI

- Agusti P, Armawan E, S. I. (2013). Persepsi dan Sikap Masyarakat Dalam Memilih Penolong Persalinan di Desa Batujaya Kec. Cigasong Kab. Majalengka Tahun 2011. [Http://Eprints.Ums.Ac.Id/24121/8/10](http://Eprints.Ums.Ac.Id/24121/8/10).
- Allport. (2001). Psychology Of Individuality. *Psychology Of Individuality*.
- E.B. Taylor. (1871). Primitive Culture. *New York: Brentano's*.
- Evi Rinata. (2018). Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III. Universitas Muhammadiyah Sidoarjo.
- Girsang, dkk. (2019). Faktor-Faktor Yang Berhubungan Dengan Pencapaian Pelaksana Teknis Puskesmas Darussalam Medan. *Jurnal Kebidanan Kestra (JKK)*.
- Hutapea, E. (2012). Faktor-Faktor Yang Berhubungan Dengan Pemilihan Penolong Persalinan Di Wilayah Kerja Puskesmas Cibungbulang Kecamatan Cibungbulang Kabupaten Bogor Jawa Barat Tahun 2012. Fakultas Kesehatan Masyarakat Program Studi Sarjana Kesehatan Masyarakat Peminatan Kebidanan Komunitas Depok.
- Irawati, Muliani, dan A. (2019). Literatur faktor-faktor yang mempengaruhi kematian maternal. Ilmu Keperawatan Universitas Muhammadiyah Malang.
- Kemenkes RI. (2019). Angka kematian Ibu. *Diakses Pada* <https://kesmas.kemkes.go.id/konten/133/0/021517-Di-Rakesnas-2019-Dirjen-Kesmas-Paparkan-Strategi-Penurunan-Aki-Dan-Neonatal>.
- Kemenkes RI. (2021). Angka kematian Ibu. *Diakses Pada* <https://www.kemkes.go.id/article/print/21112600001/tekan-angka-kematian-ibu-4-180-usg-portable-siap-tahun-depan.html>.
- Kementerian Kesehatan Republik Indonesia. (2012). Profil Data Kesehatan Indonesia. [Ahttp://www.Depkes.Go.Id](http://www.depkes.go.id).
- Khaira Monita. (2022). FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN PEMILIHAN PENOLONG PERSALINAN PADA TENAGA NON MEDIS DI WILAYAH KERJA

PUSKESMAS SUNGAI MAS TAHUN.2022.
<https://jurnal.uui.ac.id/index.php/JHTM/Article/View/2346>.

- Koentjaraningrat. (1987). Sejarah Teori Antropologi I. *Jakarta : UI Press*.
- Kreitner dan Kinicki. (2014). Perilaku Organisasi edisi 9. *Jakarta.Salemba Empat*.
- Kusumawardani. (2019). No Title Annisa Kusumawardani. *JURNAL PROMOSI KESEHATAN INDONESIA 13(2):168*.
- Megasari, M. dkk. (2015). Asuhan Kebidanan 1. Ed.1. Cet.2. *Yogyakarta: Deepublish*.
- Melville J. Herkovits. (1941). The Myth of the Negro Past. <https://www.kompas.com/skola/read/2021/08/13/143235669/Unsur-Budaya-Menurut-Melville-j-Herskovits?Page=2>.
- Notoatmodjo, S. (2010). Metodologi Penelitian Kesehatan. *Jakarta : Rineka Cipta*.
- Notoatmodjo, S. (2014). Ilmu Perilaku Kesehatan. *Jakarta: Rineka Cipta*.
- Notoatmodjo, S. (2018). Metode Penelitian Kesehatan. *Rineka Cipta. Jakarta*.
- Nurhayati, E. (2019). Patologi dan Fisiologi Persalinan Distosia dan Konsep Dasar Persalinan. *PT. Pustaka Baru*.
- Nurroh, S. (2017). Filsafat ilmu. *Assignment Paper of Philosophy of Geography Science. Universitas Gajah Mada*.
- Rosyati. (2017). *Modul Persalinan. In Persalinan*.
- Saragih, R. (2017). Pengaruh Dukungan Suami dan Tingkat Kecemasan Ibu Primigravida terhadap Kala I Persalinan Spontan di Klinik Bersalin Swasta Wilayah Kerja Puskesmas Tanah Tinggi Kota Binjai Tahun 2014. *Jurnal Imliah Kohesi, 1(1), 95–103*.
- Yuliana, M. S. (2017). Hubungan antara Dukungan Sosial Keluarga dan Self Efficacy dengan Stres Pengasuhan pada Ibu yang Memiliki Anak Retardasi Mental di SLB Negeri Semarang. *Semarang: Departemen Ilmu Keperawatan Fakultas Kedokteran Universitas Diponegoro*.