



Factors That Influence Third-Trimester Pregnant Women in Choosing To Give Birth at Health Facilities in The Working Area of Public Health Centre Siak Hulu 2 Siak Hulu 2 District In 2023

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Abstract. The maternal mortality rate is still relatively high, so it needs continuous effort between health service providers and patients to make birth decisions. As per the SDGs program, to reduce the risk of maternal death in childbirth, childbirth must be carried out by trained professional health workers and in health services. This study aimed to determine the factors that influence third-trimester pregnant women in choosing to give birth at health facilities in the working area of Public health Center Siak Hulu 2, Siak Hulu 2 District. The research design was a correlational descriptive study. The research was conducted on the active site of the Public health center Siak Hulu 2. The population in this study was 35 pregnant women. The sample in this study was 35 pregnant women using total sampling. Data analysis was done univariately, bivariate, using the Chi-Square statistical test. The results showed that there was a relationship between age and the choice of place of delivery in the Siak Hulu 2 Working Area, with a P-Value of 0.03, there was a relationship between parity and the choice of place of delivery with a value P-Value 0.01, and there is a relationship between distance and choice of area of delivery with a P-Value of 0.001. This study concludes that all factors related to the will of the place of delivery in third-trimester pregnant women have a relationship. Suggestions are expected for health workers to be able to provide more information to pregnant women that it is essential to give birth at a health facility.

Keywords: Factor, Age, Parity, Distance

INTRODUCTION

Indonesia still struggles to reduce the Maternal Mortality Rate (MMR) during childbirth. In the Sustainable Development Goals (SDGs), the MMR target is 70 per 100,000 live births in 2030. Achieving this target requires hard work, especially when the MMR in Indonesia is still relatively high compared to ASEAN countries. The MMR in ASEAN countries is, on average, 40-60 per 100,000 live births. The MMR in Singapore is 2-3 per 100,000 live births.

The results of Basic Health Research (Riskesdas) in 2020, 70.4% of deliveries in health facilities are still 29.6% at home/others. Delivery assistance by competent health personnel (specialist doctors, general practitioners, and midwives) reached 87.1%, but this still varied between provinces. The delivery process is faced with critical conditions regarding emergency delivery problems, so it is hoped that the delivery will be carried out in a health facility. Riau Province Profile Data for 2022, the coverage of birth attendants in Riau is 91.52%, which health workers have assisted. However, according to Riskesdas 2020, 60.1% took place at home/others, 40% gave birth at health facilities, and 1.13% gave birth at the village health post

Giving birth in a maternity home can provide comfort and serenity for the mother who is about to give birth because she will be accompanied by her family and receive full support; she can still supervise her children to reduce the pain. So with the many factors that affect maternal mortality, especially during childbirth, determining the place of delivery is essential to prevent the occurrence of three factors of delay, namely delays in recognizing danger signs of childbirth, delays in reaching facilities, and getting help at health facilities. The planned delivery place must have various facilities and equipment as well as trained human resources in order to be able to overcome various problems (Rahmawati, 2018).

Safe delivery ensures that all birth attendants have the knowledge, skills, and tools to provide safe and clean assistance and postpartum services to mothers and babies. Personnel who can provide delivery assistance can be divided into 2, namely professionals and traditional birth attendants. Based on indicators of maternal and child health services coverage, delivery assistance should preferably be provided by health workers with midwifery competence (obstetricians, general practitioners, midwives, midwife assistants, and nurse midwives), not including traditional birth attendants (Endang, 2017).

Based on the Preliminary Survey conducted by researchers on January 4, 2023, at Public health center Siak Hulu 2 Siak Hulu 2 District. According to 4 mothers who said that mothers prefer to give birth at home and be assisted by traditional healers, they will get the support of their husbands/family where members of families are involved in selecting birth attendants and can look after their children at the same time, the distance between the mother's house and the health center is far away, the mother's lack of knowledge about choosing delivery to a health facility, sources of information obtained only from the mother's friends or family, the number of children where the mother gave birth before, for example at the shaman's place and giving birth to the next child they can also return to the dukun, then

the work of the mother and husband of the mother who is only farmers means that the mother and husband/family must choose a place of delivery to a place that is cheaper.

Based on the background above, the authors are interested in researching "The Relationship of Knowledge and Attitudes of Third Trimester Pregnant Women About Delivery Preparation Against Maternity Selection in Health Facilities in the Working Area of Public health center Siak Hulu2, Siak Hulu 2 District.

RESEARCH METHODS

The design of this research is a descriptive correlational study. The research will investigate the relationship between knowledge and attitudes of third-trimester pregnant women regarding delivery preparation towards maternity selection in health facilities. This study used a cross-sectional approach. The population in this study were all third-trimester pregnant women in the Working Area of Public health center Siak Hulu2, Siak Hulu 2 District, Kampar Regency, totaling 126 pregnant women in 10 villages.

The sampling technique used in this research is Stratified Random Sampling. are all third-trimester pregnant women in the working area of Public health center Siak Hulu2 Siak Hulu District2 with a total of 95 third-trimester pregnant women. The data in this study are subjects from which data can be obtained. In this study, the authors used two data sources, namely: Primary data sources: data obtained directly from respondents through filling out a questionnaire containing statements of knowledge of third-trimester pregnant women, attitudes of third-trimester pregnant women, and questions about choosing a place of delivery. Secondary data sources: data that supports research in the form of report data in the working area of Public Health Centre Bandul.

Manual data processing steps generally follow the following steps: Editing, Data Entry, Coding, Processing, Cleaning, and Tabulating. Univariate analysis to get an overview of the frequency distribution or the magnitude of the proportion according to the various characteristics of the variables studied for both the independent and dependent variables. The bivariate analysis uses the Chi-Square statistical test with a 2x2 table. Analysis of the closeness of the relationship between these two variables by looking at the Odd Ratio (OR).

RESULTS AND DISCUSSION

RESULTS

Table 1. List of tables of the relationship between age and choice of place to give birth in the working area in Public health center Siak Hulu2, Siak Hulu District, 2023.

Age	Selection of Place of Birth						<i>p-value</i>
	Medical Facility		Non-Health facilities		Total		
	N	%	N	%	N	%	
Non Reproductio n (<20 years dan > 35 years)	11	55,0	9	45,0	20	100	0,03
Reproductio n (20 - 35 years)	2	13,3	13	86,7	15	100	
Total	13	37,1	22	62,9	35	100	

It is known that there were 11 respondents (55.0%) of respondents in the third trimester of pregnant women who were of non-reproductive age who chose a place to give birth at the health facility. Meanwhile, those of non-reproductive age who chose non-facilities for delivery of nine people (45.0%), and those of reproductive age who chose places for delivery at health facilities of two people (13.3%) while those of reproductive age who chose non-facilities for delivery were 13 people (86.7%).

Table 2. Relationship Between Parity and Choice of Place Delivery

Parity	Selection of Place of Birth						<i>p-value</i>
	Medical Facility		Non-Health facilities		Total		
	n	%	n	%	n	%	
Primipara	1	7.7	12	92.3	13	100	0,01
Multipara	12	54.5	10	45.5	22	100	
Total	13	37.1	22	62.9	35	100	

It is known that the respondents of third-trimester pregnant women with parity primipara who chose the place of delivery at the Health Facility amounted to 1 person (7.7%). In contrast, the primiparous parity who chose a Non-Health facilities delivery place

totaled 12 people (92.3%), and the multiparity parity there were 12 people (54.5%) choosing a place to give birth at a Health Facility. In contrast, those who chose a non-Faskes delivery place for multiparas were ten people (45.5%).

Table 3. Relationship Between Distance And Choice of Place Delivery

Distance	Selection of Place of Birth						<i>p-value</i>
	Medical Facility		Non-Health facilities		Total		
	n	%	n	%	N	%	
Near	11	68,8	5	31,2	16	100	0,001
Far	2	10,5	17	89,5	19	100	
Total	13	37,1	22	62,9	35	100	

It is known that 11 respondents (68.8%) of pregnant women in their third trimester who chose a place of delivery at a health facility were close, while those who were remote who chose a Non-Health facilities place of delivery were 5 people (31.2%) and those who were remote 2 people (10.5%) chose the place of delivery at the Health Facility, while 17 people (89.5%) chose the non-Faskes place for delivery.

DISCUSSION

The results of statistical tests using the Chi-Square test show that there is a relationship between age and the choice of place to give birth in the Working Area of Public health center Siak Hulu2, Siak Hulu2 District, with a P-Value of 0.03, which means less than $\alpha = 0.05$. So it can be concluded that the research hypothesis is accepted, which means that there is a significant relationship between age and choice of place of delivery.

The results of this study are the results of research conducted by Anita Rini Gea (2018), namely factors related to the choice of place of delivery for third-trimester pregnant women in the Working Area of the Tuhembrua Health Center, Tuhembrua District, North Nias Regency. There is a significant relationship between age and choice of place of delivery with a value (P Value = 0.000 < 0.05).

The results of statistical tests using the Chi-Square test show that there is a relationship between parity and the choice of place to give birth in the Working Area of the Public health

center Siak Hulu2, Siak Hulu2 District, with a P-Value of 0.01, which means less than $\alpha = 0.05$. So it can be concluded that the research hypothesis is accepted, which means that there is a significant relationship between parity and the choice of place of delivery. The results of this study are the results of research conducted by Gita Sekar Prihanti (2017), namely factor analysis in choosing a place to give birth at Pasir Putih Hospital, Muna Regency. There is a significant relationship between age and choice of place of delivery with value (P-Value = 0.01 < 0.05).

The results of statistical tests using the Chi-Square test can be seen that there is a relationship between distance and the choice of place to give birth in the Working Area of Public health center Siak Hulu2, Siak Hulu2 District, with a P-Value of 0.001 which means less than $\alpha = 0.05$. So it can be concluded that the research hypothesis is accepted, which means a significant relationship exists between distance and the choice of place to give birth.

The results of this study are the results of research conducted by Rizka Mutmaina (2017), namely factors related to the selection of birth attendants by pregnant women at the Tosiba Health Center, Samaturu District, Kolaka Regency. There is a significant relationship between the selection of birth attendants and the distance to health facilities with a value (p-Value = 0.04 < 0.05).

CONCLUSION

Based on the research results on the factors that influence third-trimester pregnant women to give birth at health facilities. = 0.05.

SUGGESTION

It is recommended to the public, especially pregnant women, to be more creative in choosing the place of delivery and to actively seek health information from health workers, family/friends and to increase their confidence in receiving information about health so that it can be applied to family members and friends.

REFERENCES

- Anita. Rini .Gea 2018 .Faktor – Faktor Yang Berhubungan Dengan Pemilihan Tempat Persalinan Pada Ibu Hamil Trimester III di Wilayah Kerja Puskesmas Tuhembra Kecamatan TuhembraKabupaten Nias Utara.
- Arinda. Pramuditya. 2014. Puskesmas P. comperhenshive helth care service.Fakultas Ilmu Kesehatan.
- Arikunto. Suharsimi. 2011. Prosedur Penelitian. Rineka Cipta.Jakarta.
- Azwar.Saifuddin. 2014. Metode Penelitian. Yogyakarta. Pustaka Pelajar
- Budiman dan Ryanto. 2013. Kuesioner Pengetahuan dan Sikap Dalam Penelitian Kesehatan. Jakarta:Salemba Medika.
- Bungsu.Thamrin. 2018. Dukun Bayi Sebagai Pilihan Utama Tenaga Penolong Persalinan. Jurnal Penelitian UNIB Volume VII No.2.
- Dahlan.Ahamd.2014. Teknik dan Cara Penyusunan Hepotesis Penelitian.
- Dinas Kesehatan Provinsi Riau. Profil Kesehatan Provinsi Riau Tahun 2019. Riau.
- Dinas Kesehatan Meranti. 2019. Profil Kesehatan Tahun 2019.
- Eka. Puspita. Sari AK. Kurnia Dwi Rimandini S. 2014. Asuhan Kebidanan Persalinan (Intranatal Care). Taufik Ism. M@ftuhin A, editor. Asuhan Kebidanan Persalinan (Intranatal Care). Jakarta: CV. Trans Info Media;
- Eni. Ariska.2013. Faktor-Faktor yang berhubungan dengan Pemilihan Pertolongan Persalinan oleh Dukun Bayi.
- Gede. 2018. Penyakit Infeksi. In Abdul. S.Rachimchadi.IlmU Kebidanan. Edisi Keempat. Jakarta:PT Bina Pustaka.
- Gita. Sekar .Prihanti . 2017 Analisis Faktor Pemilihan Tempat Bersalin di Rumah Sakit Pasir Putih Kabupaten Muna.
- Hartanto.H. 2013. Keluarga Berencana dan Kontrasepsi .Jakarta: Pustaka Sinar Harapan.
- Ivong Rusdiyanti. .Faktor-faktor yang mempengaruhi Keputusan Ibu dalam Memilih Tempat Persalinan di BPM.
- Jennifer Joy Middleton. 2014. Laporan Konsultansi Kebidanan.
- Lia. Amalia.2013. Faktor-Faktor yang Memengaruhi Ibu dalam Pemilihan Penolong Persalinan. Sainstek.
- Masita. Henny. Novita. Erlin Puspita. 2013. Pemilihan Penolong Persalinan.
- Meivy.Dwi.Putri 2015. Fakultas Kesehatan Masyarakat Universitas Diponegoro Kesehatan Ibu dan Anak, et al. Faktor-Faktor Yang Berhubungan Dengan Pemilihan Tempat Persalinan Tahun 2015 (Studi Di Kecamatan Sarolangun Kabupaten Sarolangun Jambi). Jurnal Kesehatan Masyarakat. 2016;
- Manuaba. 2010. Ilmu Kebidanan Penyakit Kandungan dan KB .Jakarta:EGC
- Mubarak. IW.2013. Ilmu kesehatan Masyarakat. Jakarta:Salemba Medika.
- Nigrum. Ema Wahyu dan Johariyah. 2012. Asuhan Kebidanan Persalinan dan Bayi Baru Lahir. Jakarta: CV. Trans Info Media.

- Norsita. Agustina. Hilda Irianty.Siti Maryam.2016. Hubungan tingkat ekonomi dan dukungan keluarga dengan penolong persalinan ibu di Wilayah Kerja Puskesmas Sambung Makmur .
- Notoatmodjo. S. 2010. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta
- Notamodjo. Sekidjo.2013. Pendidikan dan Perilaku Kesehatan. Jakarta. Rineka Cipta.
- Notamodjo, Sekidjo.2014. Metodologi Penelitian Kesehatan. Jakarta. Rineka Cipta.
- Prawirahardjo. Sarwono. 2010. Ilmu Kebidanan. Jakarta: YBPSP.
- Prawirohardjo. Sarwono. 2013. Pelayanan Kesehatan Maternal Dan Neonatal. Jakarta: PT Bina Pustaka.
- Ramli U.Hamid. 2015. Sejarah Poskesdes. Jurusan Farmasi.
- Riset Kesehatan Dasar (RISKESDAS) 2018. Lap Nas 2018.
- Rizka Mutmaina. 2017. Faktor – Faktor Yang Berhubungan Dengan Pemilihan Tenaga Penolong Persalinan Oleh Ibu Hamil di Puskesmas Tosiba Kecamatan Samaturu Kabupaten Kolaka
- Sayfudin. 2011. Metodologi Penelitian Kesehatan Purwokerto:BP Unsoed.
- Setiawati. Dr. Dewi. 2013. Kehamilan dan Pemeriksaan Kehamilan. Makassar: Alauddin University Press.
- Shihab. M. Quraish. 2010. tafsir AL-Misbah:Pesan, Kesandan Keserasian Al- Qur'an. Vol 15.EdisiBaru, Cetakan II. Jakarta: Lentera Hati.
- Suprayanto. 2013. Mutu Pelayanan Kesehatan.
- Suprayanto. 2013. Faktor –Faktor yang Berhubungan dengan Keputusan Pemilihan Tempat Bersalin di Wilayah Kerja Puskesmas Perawatan di Kecamatan Ibu Kabupaten Halmahera Barat Provinsi Maluku Utara. Tesis. Fakultas Kedokteran Universitas Sam Ratulung Manado.
- Watik.Kusnaeni. Isyti'aroh. 2013. Faktor-faktor yang Mempengaruhi Pemilihan Tempat persalinan di Wilayah Kerja Puskesmas Petungkriyono Kabupaten Pekalongan. Jakarta: Rineka Cipta.
- Yudianto. Dkk. 2013. Profil Keseahtan indoesia. Jakarta: Kementrian Keseahtan republik Indonesia.