

THE INFLUENCE OF COUNSELING BY MIDWIFE TOWARDS THE SELECTION OF AID AND DELIVERY PLACE IN THE WORK AREA OF PUBLIC HEALTH CENTER SITIUNG 1, DHARMASRAYA REGENCY

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ABSTRACT

This research is quasi-experimental research. The research subjects were 102 third trimester pregnant women who met the inclusion criteria. Data on counseling, birth attendant, place of delivery, education, knowledge, questionnaire. Data analysis was carried out using the Stata 8 program with statistical tests using McNemar to select variables that had a significant effect ($p < 0.05$). The results of McNemar's analysis showed that there was a significant difference ($p < 0.05$) between the counseling variable and the decision of pregnant women to choose a birth attendant, but counseling showed no significant difference ($p > 0.05$) with the decision of pregnant women to choose the place of delivery. The choice of birth attendant after counseling 97% to health workers and 3% to non-health workers. While the choice of place of delivery after counseling, 91% chose to go to a health facility and 9% chose at home. Maternal education was not significantly related ($p > 0.05$) with counseling and pregnant women's decisions in choosing birth attendants. Maternal education was not significantly related ($p > 0.05$) with counseling and pregnant women's decision to choose the place of delivery. Mother's knowledge was significantly related ($p < 0.05$) with counseling but not significantly ($p > 0.05$) the decision of pregnant women to choose birth attendants. Mother's knowledge was not significantly related to counseling ($p > 0.05$) and not significantly related ($p > 0.05$) to the decision of pregnant women to choose the place of delivery

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1. Introduction

Antenatal care and post-natal care are the main components of maternal and child health programs, lack of understanding of maternal and child health (MCH) guidelines is one of the causes of low antenatal care visits (Setiyarini, 2019). The MCH program is one of the efforts that aims to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). MMR and IMR in Indonesia are still high when compared to other ASEAN countries. One of the factors thought to influence the high maternal mortality rate in Indonesia, especially in rural areas, is the low level of knowledge, inadequate antenatal care services and services in the delivery process, antenatal care is a program that plans in the form of observation, education, and medical treatment of pregnant women, obtain a safe and satisfactory process of pregnancy and childbirth preparation (Sari, 2021). In Indonesia antenatal care carried out at least 4 times during the mother's pregnancy according to government policies based on provisions of the World Health Organization (WHO) i.e. at least 4 times during the pregnancy (Wulan & Hasibuan,

2020). Antenatal care counseling will increase knowledge and improve delivery planning and prevention of complications so that it is hoped that with the knowledge possessed, the hospital can be realized as a place of delivery (Gantini & Pertiwi, 2019).

Based on data from the World Health Organization (WHO), 830 women died because many mothers gave birth at home and were assisted by traditional birth attendants (non-health workers). Many factors underlie mothers in the selection of birth attendants, both by health workers and non-nurses, among others, influenced by socio-economic factors, education, knowledge, work, income, family support, affordability of health services, and socio-cultural factors (Lia Amalia, 2015), culture and traditions, such as the existence of community culture using special traditional birth attendants to help with difficult deliveries. The impact of the large number of births using traditional birth attendants in South Lampung Regency has resulted in a high maternal mortality rate (MMR). One way to reduce MMR in Indonesia is by giving births assisted by trained health workers and giving births in health service facilities, such as Puskesmas, hospitals, or others (Yusenta et al., 2020). The policy of the Indonesian Ministry of Health is to reduce MMR and IMR by encouraging every delivery to be assisted by trained health workers, namely obstetrics and gynecology specialists (SpOG), general practitioners and midwives, health service facilities are carried out in accordance with the strategic plan of the Ministry of Health to determine deliveries in assistance by health workers in health service facilities (PF) as an indicator of family health efforts to replace indicators of birth attendants by health workers. Deliveries assisted by health workers in 2018 amounted to 90.32% 3.

In West Sumatra Province, the coverage of birth attendants by health personnel is 79.64 %, which is still below the government's target of 95%. Data from the West Sumatra Health Office, especially in the city of Padang, visited pregnant women in 2020 at K1 97.81% and K4 95.61%, which has reached the target of 100%. The Puskesmas in Padang City which had high achievements in 2020 in K4 were the first Lubuk Buaya Health Center with a coverage of 88.36% and the second was Lubuk Begalung Health Center with a coverage of 91.53%. Where the coverage does not reach the specified target with a coverage of 95% for K4 pregnant women to health workers 4.

The annual report on the MCH program conducted by the Dharmasraya District Health Office showed that there were 24 cases of maternal mortality (25%) with the highest causes of death being bleeding, infection and pre-eclampsia. Assistance for delivery at home is 79%, and delivery by traditional birth attendant is 13.2%, case finding of high risk pregnant women by health workers is 13.7%. Referrals to health centers and hospitals 260 cases (19.7%) (Sukmawati, D. 2022). Meanwhile, most of the places where mothers give birth are still carried out at home. Even among rural residents, the home birth rate reaches 80%. Meanwhile, the birth process was mostly assisted by traditional birth attendants 5.

The results of research 6 in Belu and Kupang regencies, concluded that in terms of delivery assistance, some 50.6% had been assisted by health workers and the rest were still assisted by birth attendants, 40.1%. According to the visible area that is assisted by health workers in rural areas is much smaller. The place of delivery is generally done by calling birth attendants to the house, especially in Belu Regency which reaches 94.0%. Only 0.8% of mothers have ever used the polindes as a place to give birth, 1.7% in Belu Regency. The choice of the place of delivery at the mother's own will was 59.9% and the husband's recommendation was 24.1%.

Regarding pregnancy, a mother will experience new things in her life, this is felt by the mother when she is first declared pregnant. Pregnancy will make different conditions for the mother starting from physical changes accompanied by minor disturbances such as vomiting and nausea during the first trimester of pregnancy, this will become a moral burden and if it continues it tends to cause psychological disorders. This situation continues to be lived by a mother until the period around delivery which is the most critical period that can threaten the mother's life because obstetric complications generally occur at this time. In relation to pregnancy, childbirth and the puerperium, many researchers have the same opinion, that the main causes of maternal death are bleeding, toxemia gravidarum, infection and delays in recognizing danger signs, delay in making decisions, delay in referring to health facilities, and delay in getting help 7)

Starting from the problems above, the researchers tried to see from the point of view of the health workers (midwives) themselves as the main actors in antenatal care at the Puskesmas

and Polindes. The following study is carried out by looking at several previous studies on various factors behind the duties and responsibilities of midwives in the village, including health problems in socio-cultural studies by 8 and several studies that support the practice of childbirth is still dominated by traditional birth attendants, especially in remote villages, and considering that every The program at the Puskesmas/Polindes involves midwives so that the midwife's workload becomes very heavy associated with the importance of the ANC communication relationship, the researchers tried to explore through the perspective of midwife counseling as an independent variable in this study.

It is important to study more deeply about the role of implementing staff (midwives) in the implementation of counseling, because the main problem faced today is the high maternal mortality rate associated with childbirth, there are still many mothers who are not aware of the importance of pregnancy checks so that high risk factors are not detected that may experience by mothers, because the researchers assumed that whether the implementation of counseling at the Puskesmas/Polindes level did not go well, so that it became one of the indirect factors that contributed to the high maternal mortality rate, especially in remote areas, whereas maternity care is one of the most important factors. necessary to prevent complications and death during childbirth.

From some of these problems it is increasingly clear that there is something that is a common thread in the practice of implementing antenatal care in the field, which is associated with the midwife's task of providing antenatal health services including counseling. ANC is one form of early intervention carried out by midwives and is the right moment for counseling. According to 9 in Indonesia, quality counseling is still very minimal and it is even difficult to find a clinic that specifically provides counseling services that truly meet the standards and the success of counseling is largely determined by the skills of a counselor.

For pregnant women, the midwife is still a reliable figure and has an important role in implementing health services, because in remote areas the community is closer to the midwife, therefore the midwife is more appropriate to be a counselor at the Puskesmas/Polindes. Thus, it is hoped that counseling will actually produce the best decisions as desired by the counselee, this is the focus of research to conduct research as well as a learning experience.

Based on the reality on the ground that counseling to pregnant women is rarely done and if it is done it has not been implemented properly, it is even more interesting that in Belu District, midwives as health providers have never been trained in ANC counseling. In this condition, the midwife cannot carry out her function as a counselor properly. To achieve good counseling, it is necessary to have professional counselors, thus counseling will actually be carried out by midwives and the techniques they have will provide knowledge, understanding and confidence to pregnant women in making the right decisions for themselves.

From some of the studies above, the researchers feel the need to conduct research on counseling related to pregnant women's decisions as the main study to increase the coverage of antenatal and postnatal services and become an alternative interpersonal approach with the aim of reducing maternal mortality, the researchers took the title of Research About "The Effect of Counseling by Midwives on the Selection of Rescuers and Delivery Places in the Working Area of the Public Health Center Sitiung 1, Dharmasraya Regency"

2. Methods

This type of research is a quasi-experimental design with a pretest and posttest group design (Campbell and Stanley, 1963). To find out the difference between the choice of the rescuer's plan and the place of delivery before giving counseling with the decision on the choice of the helper and the place of delivery after the counseling.

The location of this research is in the Working Area of the Public Health Center Sitiung 1, Dharmasraya Regency. The reason for choosing it as the research location is because it has a number of high risk case findings by health workers of 13.7% and deliveries by traditional birth attendants of 13.2%. In addition, at the Puskesmas, health workers rarely provide counseling to pregnant women. This research was conducted in the Working Area of the Public Health Center Sitiung 1, Dharmasraya Regency for 3 months. The research started on 17 December 2021 and

it ended on 10 March 2022.

3. Results and Discussion

3.1. Research Result

a. Univariate Analysis

TABLE 1
DESCRIPTION OF RESEARCH VARIABLES

Variabel	N %
1. a. Plan the place of delivery before being given counselling	
- Health workers	90 (89%)
- Non Health workers	12 (11%)
b. Options taken after counselling	
- Health workers	99 (97%)
- Non Health workers	3 (3%)
2. a. Plan the place of delivery before given counselling	
- Health facilities	86 (84%)
- Houses	16 (16%)
b. Options taken after given counselling:	
- Health facilities	93 (91%)
- Houses	9 (9%)
3. Counselling:	
- < 4	25 (24%)
- ≥ 4	77 (76%)
4. Level of education:	
- Not completed in primary school	19 (19%)
- Finished elementary school	73 (71%)
- ≥ Junior high school	10 (10%)

The table above shows the difference in the choice of birth attendant from the birth attendant plan before giving counseling, 89% health workers and 11% non-health workers and the reality of the choice of birth attendant after 97% health care counseling and 3% non-health workers. While the plan for choosing a place of delivery before giving counseling, 84% of health facilities and 16% of homes and the reality of choosing a place of delivery after giving counseling to 91% of health facilities and 9% of homes. From the counseling variable which is smaller than 4 times 24% and greater than 4 times or equal to 4 times 76%. The education variable who did not finish elementary school was 19%, who finished elementary school was 71%, which was greater than junior high school or equal to 10% of junior high school. Good knowledge variable

b. Bivariate Analysis

TABLE 2
DELIVERY HELPER DECISION AFTER COUNSELING

Birth attendant choice plan	Reality of choice of helper after counselling	Dicordant Proportion	mcNemar
Before Counselling	Health workers n	Non Health workers n	
Health workers and Non health workers	12	0	100%
	3	87	3%
			5.4 0.02

The table above can be concluded that there is a significant difference between the birth attendant plan before giving counseling and the reality of the choice of birth attendant after counseling ($p < 0.05$) with the proportion of non-health workers discordant 0% and 0.3% of health workers from the kordan, this shows that counseling by midwives has an effect on the decision of pregnant women to choose birth attendants

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TABLE 3
INDEPENDENT VARIABLE RELATIONSHIP WITH EXTERNAL VARIABLES TO THE DECISION OF PREGNANT WOMEN TO CHOOSE A DELIVERY HELPER AFTER THE DELIVERY OF THE CELL

Variable	Plan choice of birth attendant before giving counselling	Options of birth attendant after counselling	Discordant Proportion	McNemar	P
		Health workers	Non health workers		
- ≤ 4	Health workers	10	0	100%	7.36
	Non health workers	66	1	98%	
Counselling - > 4	Health workers	2	0	100%	0.00
	Non Health workers	21	2	91%	
2. Level of education - ≤ Elementary School	Health workers	9	0	100%	3.00
	Non Health workers	61	3	95%	
- ≥ Junior high school	Health Workers	3	0	100%	3.0
	Non Health workers	26	0	100%	
3. Level of knowledge - Good	Health workers	11	0	100%	4.5
	Non Nakes	81	3	96%	
- Less	Nakes	1	0	100%	1.0
	Non Nakes	6	0	60%	

From the table above, it can be concluded that counseling less than 4 times or equal to 4 times has a significant relationship ($p < 0.05$), with a difference in the proportion of non-health workers discordant 100% and 98% health workers. Meanwhile, counseling greater than 4 times had no significant relationship ($p > 0.05$), with a difference in the proportion of non-health workers and 100% of health workers discordant proportions. This shows that the frequency of counseling is related to counseling but has no effect on the mother's decision to choose a birth attendant.

From the education variable, it was concluded that education that was less than elementary school or equal to elementary school was not significantly related ($p > 0.05$), with the difference in the proportion of non-health workers being 100% discordant and 95% health workers. Meanwhile, above junior high school or equal to junior high school, there was no significant correlation ($p > 0.05$), with the difference in the proportion of non-health workers being 100% and 100% of health workers. This shows that maternal education is not related to counseling and has no effect on the decision of pregnant women to choose birth attendants.

From the mother's knowledge variable, it can be concluded that the mother's education is good, has a significant relationship ($p < 0.05$), with a difference in the proportion of non-health workers and health workers who are 100% discordant and 96% of health workers. Meanwhile, mother's knowledge was lacking, there was no significant correlation ($p > 0.05$), with a difference in the proportion of non-health workers with 100% discordant proportions and 60% health care provider. This shows that mother's knowledge is related to counseling but has no effect on the decision of pregnant women to choose birth attendants.

TABEL 4
THE EFFECT OF COUNSELING ON THE DECISION OF PREGNANT WOMEN TO CHOOSE THE PLACE OF DELIVERY
Helper choice plan Reality of choice of place of delivery after counselling Proportion of McNemar P Discosda

Counselling	Health facilities	Houses
	n	n

Health facilities	15	1	93%	2.1	0.14
Houses	78	8	90%		

The table above can be concluded that there is no significant difference between the planned place of delivery before giving counseling and the reality of choosing the place of delivery after giving counseling ($p>0.05$) with a difference in the proportion of home discordant 93% and health facilities 90%. This shows that midwife counseling has no effect on the decision of pregnant women to choose the place of delivery.

2.2 Discussion

1. Implementation of midwife counseling training at the Puskesmas

In this study, the researcher used a questionnaire as the primary data source: both initial data, counseling intervention data and maternal decisions after counseling were then used as quantitative data. The initial stage carried out by the researchers was to train as many as 20 midwives as counselors to carry out counseling at the Puskesmas and Polindes. Midwives are given modules and leaflets as a guide when conducting counseling. The next step the midwife is to provide counseling to pregnant women who come to the Puskesmas and then are ordered to come to the Puskesmas for 6 consecutive times accompanied by the distribution of leaflets. Furthermore, the researchers made observations to midwives who did counseling at the Puskesmas and Polindes, and observed postnatal pregnant women as well as conducted interviews about the implementation of counseling by midwives and maternal decisions. Researchers assess respondents using a questionnaire because it can be done in a short time and cheap, when compared to other assessment techniques, as well as an objective assessment.

2. The influence of midwife counseling on the decision of pregnant women to choose birth attendants

The results of statistical tests showed that there was a significant difference between midwife counseling and the decision of pregnant women to choose birth attendants after counseling. 97% of pregnant women who choose birth attendants after providing health care counseling. The increase in birth attendants after giving counseling may be due to the impact of providing counseling which is accompanied by the provision of leaflets containing the material presented. According to the assumptions of the researcher, in order for a communication to be carried out properly and effectively, it must be supported by the use of communication media that can stimulate the senses of the recipient of the communication. Katherin also mentioned that direct counseling was more effective and motivated the target audience to adopt counseling materials. The results of Haryanto Wonogiri's research in Central Java also stated that counseling accompanied by leaflets could increase knowledge about eradicating dengue hemorrhagic fever (PNS-DHF) mosquito nests in *dasa wisma* cadres. Associated with the frequency of counseling, the Ministry of Health of the Republic of Indonesia . says that counseling is given a maximum of 4 times during pregnancy. Meanwhile, the researchers conducted 6 times to pregnant women in the third trimester, during the study period. Related to the ANC visit with the results of a research conducted by the Ministry of Health of the Republic of Indonesia, that in Dharmasraya Regency, almost all pregnant women check themselves in the final trimester. Although the coverage of ANC has increased but the quality is still not good, this is what contributes to the high maternal mortality rate, because pregnant women who have visited ANC then still give birth at traditional birth attendants because it is closer and cheaper. But the substance becomes different

3. The Effect of Counseling on Pregnant Women's Decisions to Choose a Place of Delivery

The results of statistical tests showed that there was no significant difference between midwife counseling and the decision of pregnant women to choose the place of delivery after counseling with the mother's knowledge of the danger signs of pregnancy, delivery and postpartum was good 93%. According to According to the assumptions of the

researcher, in accordance with the purpose of counseling counseling has an input element, namely the behavior of users of health facilities and health workers, which after processing with certain counseling techniques produce outcomes. Associated with the behavioral motivation of users of health facilities, Siagian argues that the motivation for desires, hopes, needs, goals, objectives, incentives to improve a change is to move and channel a person's behavior and attitudes which are said to be achieving goals. A different opinion was found in Blum who said that the provision of health service facilities was not always followed by an increase in the utilization of health service facilities where there were several studies showing that puskesmas and posyandu in certain areas were not used optimally. According to the assumptions of the researcher, also show that there are still many pregnant women who give birth in non-health facilities compared to health facilities, and the results of other studies support the statement above that the average community in rural areas does not use the facilities properly. Some of the opinions of previous researchers are not in accordance with the results of this study, where the results of this study indicate that only 3% of non-health workers choose with a difference in the proportion of non-nakes discordant 100% and 3% health workers. While those who choose a smaller house 9 (9%), with a difference in the proportion of house discordant 93% and health facilities 90%. Previous research looked at the factors related to maternal decisions, while this study looked at the aspects of counseling with maternal decisions, this substance is what is different from other studies. The researcher also did a cross-check of 9 respondents who chose the house as the place of delivery and obtained information that 1 respondent was indeed recommended to stay at home, because it was long distance and the Polindes was being renovated. While the other 8 respondents due to weather factors

4. **The relationship of independent variables with external variables on the mother's decision to choose the place of delivery**

The results of statistical tests showed that there was a significant relationship between the independent variables and external variables on the decision of pregnant women to choose birth attendants. The variables in question are education variables, knowledge variables, and geographic location variables. Meanwhile, the results of statistical tests also show that the independent variables are related to external variables on the decision of the place of delivery. The variables in question are socioeconomic variables and geographic location variables.

References

- Dinas Kesehatan. *Program Indonesia Sehat Dengan Pendekatan Keluarga.*; 2021. <https://www.kemkes.go.id/article/view/17070700004/program-indonesia-sehat-dengan-pendekatan-keluarga.html>
- Gantini, D., & Pertiwi, S. (2019). the Influence of Risk Factors Concurrence on Early Detection Ability and Labor Preparation in Tasikmalaya District. *Media Informasi*, 15(1), 46-53.
- Lia Amalia. (2015). FAKTOR-FAKTOR YANG MEMPENGARUHI IBU DALAM PEMILIHAN PENOLONG PERSALINAN. *Proceedings of the National Academy of Sciences*, 3(1), 1-15. <http://dx.doi.org/10.1016/j.bpj.2015.06.056%0Ahttps://academic.oup.com/bioinformatics/article-abstract/34/13/2201/4852827%0Ainternal-pdf://semisupervised-3254828305/semisupervised.ppt%0Ahttp://dx.doi.org/10.1016/j.str.2013.02.005%0Ahttp://dx.doi.org/10.1016/j.ceb>
- Maulana F, Ichsan B, Jatmiko SW, Rosyidah DU. The Effect of Giving Vitamin C Supplements as The Immunomodulator of Covid-19 Infected Patients. *Fak Kedokteran, Univ Muhammadiyah Surakarta*. Published online 2020:155-177
- Pengaruh PMA, PMDN, TK dan I. Pengaruh Program Pemberian Tablet Tambah Darah, Faktor Intrapersonal dan Sosial terhadap Asupan Gizi Pencegahan Anemia. 2020;2507(February):1-9.
- Purnama AA. Purpurea Terhadap Produksi lfn- Γ Dan. Published online 2008:1-77.
- Ririn A. Pemilihan tempat dan penolong persalinan pada masa pandemi covid 19 di kota Taraka, Kalimantan. 2021;6(1):38-42.
- Rohayati, Sulastri P. Analisis Faktor Pelaksanaan Manajemen Terpadu Balita Sakit (MTBS) di puskesmas. *J Keperawatan*. 2015;11(1):112-117. <https://ejurnal.poltekkes-tjk.ac.id/index.php/JKEP/article/view/528>

- Sari, E. N. (2021). Hubungan Kepatuhan Antenatal Care (ANC) dengan Terjadinya Pre-Eklamsia. *Jurnal Ilmu Kesehatan Dharmas Indonesia*, 1(465), 106-111.
- Setiyarini, A. D. (2019). Hubungan Pengetahuan Antenatal Care Dengan Kepatuhan Kunjungan Ibu Hamil Pada Kehamilan Trimester Iii Di Bpm Sri Maryani. *Jurnal Midpro*, 11(1), 26. <https://doi.org/10.30736/midpro.v11i1.86>
- Subdistrict P, District SL. Perilaku Memilih Tenaga Penolong Persalinan pada Ibu Melahirkan di Desa Blambangan, Kecamatan Penengahan, Kabupaten Lampung. Published online 2019:165-174.
- Suparmi S, Maisya IB, Rizkianti A, et al. Pelayanan Manajemen Terpadu Balita Sakit (MTBS) pada Puskesmas di Regional Timur Indonesia. *Media Penelit dan Pengemb Kesehat*. 2018;28(4):271-278. doi:10.22435/mpk.v28i4.125.
- WHO. *Approach to Intergrated Management of the Sick Child*. (WHO Geneva, ed.); 2018.
- Wulan, M., & Hasibuan, K. N. (2020). Faktor yang Berhubungan dengan Kepatuhan Ibu Hamil dalam Melakukan Kunjungan Antenatal Care (ANC) di BPM Syarifah Lubis Kota Padangsidempuan. *Jurnal Health Care Media*, 4(1), 1-5. <https://stikeswch-malang.e-lournal.id/Health/article/download/148/62%0A%0A>
- Yusenta, N., Komalasari, K., Umar, M. Y., & Marthalena, Y. (2020). Konseling Tentang Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) dengan Peningkatan Motivasi Ibu Hamil Untuk Bersalin di Fasilitas Kesehatan. *Wellness And Healthy Magazine*, 2(2), 225-230. <https://doi.org/10.30604/well.0202.8200101>.