Article

Factors Causing Low Coverage of Childbirth at Health Care Facilities in the Paramasan Health Center Working Area

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Abstract: Childbirth in health facilities is a government recommendation to reduce MMR/AKB. This is stated in the legal basis of Permenkes No. 21 of 2021. The reduction in MMR and IMR in remote areas has not been as expected, because many remote communities have not given birth in health facilities, the contributing factors are areas that are mountainous areas and difficult to reach, low educational background, weak socioeconomics, and poor access to health services, The largest contributor in Banjar Regency is Puskesmas Paramasan. Puskesmas Paramasan is a remote area. Based on data in 2023 the percentage of women giving birth at health facilities is 36%, giving birth at home is 64%. Objective to determine the factors causing the low coverage of childbirth in health care facilities in the working area of Puskesmas Paramasan. This study is a type of analytical survey with a cross sectional approach. the population in this study were mothers who had given birth, sampling using total sampling, the data used were quantitative with primary data sources. Mothers with low knowledge were 24 people (57.1%) high knowledge 18 people (42.9%). Low family support as many as 19 people (45.2%) high family support 23 people (54.8%). Maternity mothers who gave birth in health facilities were 24 people (57.1%) who did not give birth in health facilities 18 people (42.9%). The results of the analysis using the Fisher axact test found that there is a relationship between maternal knowledge and delivery in health facilities in the Paramasan Puskesmas Working Area, there is a relationship between family support and delivery in health facilities in the Paramasan Puskesmas Working Area.

Keywords: Knowledge, Family Support, Health Facilities, Delivery Mother

1. Introduction

Childbirth is a natural process that will take place by itself, but the process of childbirth in humans is at any time threatened with complications that endanger the mother and her fetus so that it requires supervision, assistance and health services with adequate health facilities. Maternal deaths caused by pregnancy, childbirth, abortion occur within 42 days after the end of pregnancy. (Ayu, 2018)

The Indonesian Demographic and Health Survey (IDHS) in 2022 recorded 183 maternal deaths per 100 live births.

These deaths occur mostly among pregnant women and postpartum women of reproductive age. According to the Ministry of Health, the delivery process must be accompanied by an expert or trained health worker. This is in accordance with the Subtainable Development Goals (SDGs) stating that it can reduce maternal and newborn mortality rates (IMR) globally. The SDGs target the maternal mortality rate (MMR) to be below 70 per 100,000 live births by 2030. The government and the community are

responsible for ensuring that every mother has access to quality maternal health services, starting from pregnancy, delivery assistance by trained health workers and postnatal care for mothers and babies (Andriani, et all, 2022).

Efforts to accelerate the reduction of MMR can be done by ensuring that every mother is able to access quality maternal health services such as maternal health services, delivery assistance by trained health personnel at health service facilities, postpartum care for mothers and babies. There are factors that can be the cause and can affect maternal mortality in Indonesia, including the factor of late decision to seek help both individually, family, the second factor is the delay in reaching health care facilities and the third is the delay in getting strong services (Gea, 2018).

The place of delivery is one of the factors that can also affect the mother's psychology during childbirth. Choosing an inappropriate place of delivery and birth attendant will have a direct impact on the mother's health. The ideal place of delivery is a health facility that has equipment and health workers who are trained and ready to assist childbirth at any time if labor complications occur or require emergency treatment, whereas if the mother chooses to give birth in a non-health facility, she will have a high risk of obstetric disorders due to risk factors for delay, namely late recognition of danger signs of labor, late decision making (Mulfianda et al., 2021).

Health care facilities are facilities and infrastructure that can support health or can be used to provide health services. Childbirth in health facilities is one form of government recommendation to reduce maternal mortality and infant mortality rates. This is stated in the legal basis in Permenkes No. 21 of 2021 concerning the implementation of health services during the pre-pregnancy period, pregnancy, childbirth, and the postpartum period, contraceptive services, and sexual health services (syukaisih, 2022).

The reduction in MMR and IMR in remote areas has not been as expected by the government, because in remote communities in general there are still many who have not given birth in health facilities, several factors that cause people to choose to give birth at home, namely remote communities which are mountainous areas and difficult to reach, low educational background, weak socio-economics, and poor access to health services, so there are still many pregnant women who choose to give birth at home. In addition to these factors, family support factors also influence, for example, if the family still believes in many superstitious things and the decline in the sense of mutual cooperation or togetherness between families, this can affect the family's decision in choosing delivery assistance, this can be an issue that needs to be resolved because it can affect the delivery mother in choosing a place of delivery (syukaisih, 2022).

Based on Health Statistics data in Indonesia, delivery in health facilities in 2022 was 88.91%, according to Komdat Kesmas data in 2022, the achievement of women giving birth in health facilities in Indonesia was 87.86% (Kemenkes, 2022). In South Kalimantan, Banjar District, the number of women giving birth in health facilities was 6,464 (78.87%), while according to the target indicators of the Ministry of Health's 2020-2024 Strategic Plan, the percentage of births in health facilities must reach 95%, and according to Permenkes RI No. 4 of 2019 concerning Minimum Service Standards in the Health Sector states that delivery in health facilities must be 100%.

The largest contributor in Banjar Regency is the Paramasan Health Center area. Puskesmas Paramasan is a very remote area category, based on data obtained in 2021 the percentage of mothers giving birth in health facilities is 42%, giving birth at home is 58%, in 2022 the percentage of mothers giving birth in health facilities is 40%, giving birth at home is 60%, and in 2023 the percentage of mothers giving birth in health facilities is 36%, giving birth at home is 64%.

Based on the description above and the increase in home births every year at Puskesmas Paramasan, the researcher wants to take the title of the factors that cause low coverage of childbirth in health care facilities in the Paramasan Puskesmas Working Area.

2. Materials and Methods

This study employed an analytical survey with a cross-sectional approach. The aim was to identify the factors contributing to the low coverage of childbirth in health facilities in the Paramasan Health Center working area. The population consisted of 42 mothers who gave birth between October and December 2023, and total sampling was used to include all participants.

Quantitative data were collected through primary data sources, using structured interviews and questionnaires. The analysis involved both univariate and bivariate methods. Univariate analysis was used to describe the distribution of variables such as maternal knowledge, family support, and delivery at health facilities. Bivariate analysis, using the Fisher exact test and SPSS software, was conducted to determine the relationships between maternal knowledge, family support, and childbirth at health care facilities.

The study sought to identify statistical relationships between the independent variables (maternal knowledge and family support) and the dependent variable (childbirth at health facilities). This approach provided insights into the factors influencing maternal decisions about where to give birth, particularly in remote areas like Paramasan.

3. Results

Univariate Analysis

Univariate analysis aims to analyze research variables based on the specified categories. Data processing was done manually and entered in a table to determine the distribution of each variable Before Treatment

a. Knowledge

Table 1. Frequency distribution of maternal knowledge

No.	Knowledge	Frequency	Percentage i (%)
1	Low	24	57,1
2	High	18	42,9
	Total	42	100

Source: Primary Data 2024

Table 1 shows that there were 24 mothers with low knowledge (57.1%) and 18 mothers with high knowledge (42.9%).

b. Family Support

Table 2. Frequency distribution of family support

No.	Family support	Frequency	Percentage (%)
1	Low	19	45,2
2	High	23	54,8
	Total	42	100

Source: Primary Data 2024

Table 2 shows that 19 mothers (45.2%) had low family support and 23 mothers (54.8%) had high family support.

c. Health Facility Delivery

Table 3. Frequency distribution of health facility deliveries

No.	Health Facility Delivery	Frequenc	Percentage (%)
1	Health facilities	18	42,9
2	Non-Health Facilities	24	57,1
	Total	42	100

Source: Primary Data 2024

Table 3 shows that 24 women (57.1%) gave birth in health facilities while those who did not gave birth in health facilities

Bivariate Analysis

Bivariate analysis aims to analyze the relationship between knowledge and family support with delivery at health care facilities in the Pramasan Puskesmas Working Area, then the data is analyzed with SPSS using the Chi Square test, so that the following results are obtained:

Table 4. Analysis of the relationship between knowledge and health facility delivery

Knowledge	Health Facility Delivery		Total	Value P-Value
	Health facilities	Non-health facility		
Low	6 (25)	18 (75)	24 (100)	
High	12 (66,7)	6 (10,3)	18 (100)	0,012
Total	18 (100)	24 (100)	42 (100)	

Source: Primary Data 2024

Based on table 4 shows the results that mothers who have low knowledge who give birth in health facilities are 6 people (25%) who are not health facilities as many as 18 people (75%) while mothers who have high knowledge who give birth in health facilities are 12 people (66.7%) and non-health facilities are 6 people (10.3%). Based on SPSS analysis using the Fisher axact test, the p value is 0.012 or <0.05 which means H0 is rejected Ha is accepted, so the data is concluded that there is a relationship between maternal knowledge and childbirth in health care facilities in the Pramasan Health Center Working Area.

4. Discussion

Knowledge

Based on the results of research conducted on 42 maternity respondents in the Paramasan Health Center working area, it was found that 24 mothers had low knowledge (57.1%) and 18 mothers had high knowledge (42.9%). This is also in line with research conducted by Delli, 2021 that most mothers' knowledge is low, namely 30 people (57.7%) while high knowledge is 22 people (42.3%). The lower the knowledge possessed by the birth mother, the more it will affect the mother in utilizing health facilities as a place of delivery. There are still many respondents who answered incorrectly from question point 3 regarding health service facilities provided in the form of outpatient, inpatient, and home visits. This is the basis that there is still a lack of maternal knowledge about health facilities.

This is in accordance with what was revealed by Notoadmojo, 2020 that knowledge can be influenced by several factors, namely intrinsic and extrinsic factors. These intrinsic factors include age, intelligence, understanding, beliefs, value systems or beliefs, while extrinsic factors consist of formal and informal education, namely socio-economic and cultural background education in the family.

Human behavior can also affect a person's knowledge because behavior is the result of all kinds of experiences and human interactions with the environment which are manifested in the form of knowledge, attitudes and actions. Human behavior is a person's response to stimulis that erasal from outside or within himself.

Family support

From the results of research conducted by 42 maternity respondents in the Paramasan Puskesmas work area, it was found that 19 mothers who had low family support (45.2%) and 23 mothers (54.8%) had high family support. This is in line with research conducted by Delli, 2021 that mothers who have high family support are 37 people (71.2%) while low family support is 15 people (28.8%). Psychological family support can provide a feeling of security in undergoing the process of pregnancy, childbirth until postpartum, while material support also has a major influence in determining the mother's choice of choosing a place of delivery.

In this study, it was found that decision making in choosing a place of delivery is very important, especially if the mother gets good support by the closest family, because in a household or family, the husband or closest family plays a very important role so that if the mother in the family has good family support, this can affect the mother in choosing her place of delivery.

    a. Bivariate Analysis

        i. Maternal knowledge with delivery at a health facility

Based on the results of the research conducted, maternity mothers who have low knowledge who give birth in health facilities are 6 people (25%) who are not health facilities as many as 18 people (75%) while mothers who have high knowledge who give birth in health facilities are 12 people (66.7%) and non-health facilities are 6 people (10.3%). Based on SPSS analysis using the Fisher axact test, the p value is 0.012 or <0.05 which means H0 is rejected Ha is accepted, so the data is concluded that there is a relationship between maternal knowledge and childbirth in health care facilities in the Pramasan Health Center Working Area.

The results of this study are in line with research conducted by Gea, 2018 that there is a statistical relationship between maternal knowledge and childbirth in health facilities in the Tuhemberua Puskesmas work area with a p value of 0.001. And also in line with research by Delli 2021, which shows the results of p value, 0.022 which means that there is a relationship between maternal knowledge and childbirth in health facilities in the work area of the Sukarami Health Center, Muara Enim Regency.

If a person has good knowledge about reproductive health, especially the risk of childbirth in health facilities, they can make good decisions about choosing a place to give birth, and vice versa, if a person has low knowledge about health facility delivery, it is considered that childbirth can be done anywhere, including at home.

From the results of the study, the majority of mothers' knowledge about the place of delivery is still very lacking, this greatly affects the perspective of someone who has a different understanding of health facilities, this is due to a lack of knowledge about childbirth in health facilities so that it makes mothers curious about the risks that can occur or complications obtained if they give birth in non-health facilities.

        ii. Family support with delivery at a health facility

Based on the results of the research conducted that laboring mothers who have low family support who give birth in health facilities are 6 people (25%) who are not health facilities as many as 3 people (15.8%) while mothers who have high family support who give birth in health facilities are 15 people (65.2%) and non-health facilities are 8 people

(34.8%). Based on SPSS analysis using the Fisher axact test, the p value is 0.002 or <0.05 which means H0 is rejected Ha is accepted, so the data is concluded that there is a relationship between maternal family support and childbirth in health care facilities in the Paramasan Health Center Working Area.

5. Conclusion

The results of this study are in line with research conducted by Gea, 2018 which states that there is a significant relationship between family support and childbirth in health facilities. this study is also in line with research conducted by delli, 2021 which states that there is a relationship between knowledge and childbirth in health facilities with a p value of 0.018 in the work area of the Sukarami Health Center, Muara Enim Regency.

Support or motivation is something that can cause and that supports a person's action or behavior. Support refers to the drive and effort to decide on a need or a goal. Support becomes a reason for a person to act in order to fulfill their life needs.

With the presence of family support can affect the mother in choosing a health facility as a place of delivery, the greater the family support, the greater the opportunity for the mother to choose a health facility as a place of delivery and also with family support, can make the mother comfortable during the delivery process.

Acknowledgments

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