

The Effects of Mother's Knowledge and Husband's Support on Childbirth Assistance by a Traditional Birth Attendant

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ABSTRACT--Mother's knowledge and husband's support are important for childbirth assistance by a shaman who has knowledge, skills, and makeshift tools to provide help to mothers and babies. The purpose of this study was to know the effect of mother's knowledge and husband's support on childbirth assistance by a Traditional Birth Attendant (TBA). This type of research is analytic survey with a cross-sectional approach. The population and sample of all mothers who had babies in the Work Area of Beutong Ateuh Health Center, Beutong Ateuh Subdistrict, Nagan Raya District, as many as 76 maternity mothers were analyzed by univariate, bivariate and multivariate. The results of the study with the chi-square test showed that there was an effect of mother's knowledge and husband's support on childbirth assistance by the TBA (P.Value <0.05), whereas the results of the multivariate test showed that mother's knowledge and husband's support with Exp. B 37, 241. It can be concluded that the mother's knowledge and husband's support are very effects on the delivery assistance by the TBA. So that health workers and related parties increase promotion and counseling for pregnant women and the community in choosing places of delivery and directing to health workers.

Keywords--Childbirth Assistance, Husband's Support, Mother's Knowledge, Traditional Birth Attendant

I. INTRODUCTION

Labor and birth are normal physiological events in life. The birth of a baby is also a social event for the mother and family. The role of the mother is giving birth to her baby, while the role of the family is to provide assistance and support to the mother during the delivery process. In this case the role of health workers is no less important in providing assistance and support to mothers so that the entire series of labor processes takes place safely both for mothers and for babies born (Sumarah & Dkk, 2010). According to (Manuaba & A.C., 2013) childbirth is the process of expulsion of the products of conception (fetus and urine) that have been quite months or can live outside the womb through the birth canal, with help or without assistance (own strength). Safe delivery ensures that all birth attendants have the knowledge, skills and tools to provide safe and clean help, as well as providing postnatal care to mothers and babies. Workers who can provide childbirth assistance can be divided into two, namely health workers and non-health workers (Syafudin, 2009).

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Health workers are those who received formal education such as specialist doctors, general practitioners, midwives and nurse midwives while non-health workers are often referred to as Traditional Birth Attendants (TBA). Birth assistance by a Traditional Birth Attendant (TBA) creates various problems and causes a high number of maternal and newborn deaths. It is understood that the shaman cannot know the signs of danger of childbirth, resulting in inadequate childbirth assistance. This is one of the indirect causes of maternal and newborn deaths (Syafrudin, 2009). Every year around 160 million women around the world become pregnant, most of these pregnancies take place safely. However, around 15% suffer severe complications, with one third being life-threatening complications. This complication results in the death of more than half a million mothers every year. Of this total it is estimated that 90% occurs in Asia and sub-Saharan Africa, 10% in other developing countries, and less than 1% in developed countries. In some countries the risk of maternal death is higher than 1 in 10 pregnancies, whereas in developed countries this risk is less than 1 in 6,000 (Prawirohardjo, 2010).

Based on World Health Organization (WHO) survey data, coverage of deliveries by health workers in Indonesia in 2013 was 90.88% and deliveries assisted by traditional birth attendants were 9.12%. That means this achievement has met the 2013 strategic plan target of 89%. Out of 33 provinces in Indonesia, only 12 provinces (36.37%) have not reached the target (WHO, 2013). Based on 2014 Indonesia Health Profile data, coverage of delivery assistance by health workers nationally in 2014 was 90.88%. The three provinces with the highest coverage of deliveries assisted by skilled health workers in 2014 were Central Java (99.89%), South Sulawesi (99.78%), and North Sulawesi (99.59%). While the three provinces with the lowest coverage were Papua 33.31%, West Papua (73.20%), and East Nusa Tenggara (74.08%), Aceh was ranked 7th lowest of all the provinces in Indonesia. Based on 2014 Riskesdas data, assistants at delivery with the highest qualifications were performed by midwives (68.6%), doctors (18.5%), then non-health workers (11.8%). Based on the 2013 Maternal Health Program Routine Report, West Java ranks highest in the number of Maternal Mortality in Indonesia. Around 765 cases of maternal deaths occurred in West Java out of a total of 5,019 cases in Indonesia. West Java contributes 50% of maternal deaths, the Sustainable Development Goals (SDGs) target of 2030 AKB 23 per 1,000 live births (Indonesia Health Profile, 2014).

Aceh Health Profile in 2014 recorded the number of coverage of delivery assistance by health workers in Aceh Province as much as 86.60% and the remaining 13.40% was assisted by non health workers, the figure is quite high considering that Aceh is still one of the provinces that most contributed to maternal mortality and the number infant mortality, the maternal mortality rate in Aceh in 2013 was 359 / 100,000 Live Births and Infant Mortality Rates of 52 per 1,000 Live Births, but the accelerated reduction program in Maternal Mortality and Infant Mortality Rates continues to strive to achieve the Sustainable Development Goals (SDGs) development target (Aceh Health Profile, 2014).

The high maternal and infant mortality rate in Aceh Province shows the low quality of health services, eighty percent (80%) of deliveries in the community are still assisted by non-health workers, such as traditional healers. Shamans in the community still play an important role, shamans are considered community leaders. The community still entrusts delivery assistance by TBA, because birth assistance is considered cheap and the TBA continues to provide assistance to the mother after giving birth, such as caring for and bathing the baby. To overcome the problem of childbirth by the Traditional Birth Attendant, the government made a breakthrough by

conducting a TBA and midwife partnership. One form of the partnership is by conducting shaman training (Yulifah & Yuswanto, 2012).

Based on data obtained from the Nagan Raya District Health Office for the 2012-2013 period the number of maternal mortality in the Nagan Raya district was 7/1000 live births. The cause of maternal death in Nagan Raya is mothers with uncontrolled bleeding, from the total number of Maternal Mortality Rates 2 (28.6%) mothers died due to birth assistance by a TBA (Nagan Raya District Health Office, 2015). Data on the number of women giving birth in Nagan Raya District from month 1 to 12 in 2015 was 3479 deliveries, assisted by health workers as many as 2496 (71.74%) while those assisted by TBA 983 (28.25%) births (Health Departement of Nagan Raya, 2016). The recapitulation of the Nagan Raya District Health Office in 2015 was the total Infant Mortality Rate of 32 infants, out of the total Infant Mortality Rate 5 (15.6%) babies died due to birth attendants by TBAs, while 5 (15.6%) infants again died due to bloating caused by giving rice and bananas too quickly, 22 (68.8%) more babies died due to asphyxia (Nagan Raya District Health Office, 2015). Based on data obtained from Beutong Ateuh Health Center Beutong Ateuh District, Nagan Raya Regency in 2015 where the Puskesmas has 4 Gampong Village with Blang Puuk Village classification. supported by 9 babies, giving birth to health facilities by 11 people, Kuta Tengoh village giving birth to assisting babies by 8 people, giving birth to health facilities by 9 people, Babah Suak Village giving birth to babies by 10 people, giving birth to health facilities by 10 people, and in total there are 39 birth attendants and those who deliver in health facilities are 39 deliveries, based on this number the Puskesmas hopes that there will be no more deliveries assisted by TBA in order to minimize maternal mortality rate (MMR) and infant mortality rate (IMR), while the number of midwives in the Work Area Beuto Public Health Center Ateuh is as many as 11 midwives with 4 PTT midwives, while the number of pregnant women in the Beutong Ateuh Community Health Center is 93 people, the number of mothers who have given birth are 76 and the number of women who have not given birth is 17, with the classification of live births 76 babies and stillbirth zero (Puskesmas Beutong Ateuh, 2015).

The impact of childbirth assistance by a shaman is, can cause maternal and neonatal infections, can occur in both fetal and maternal distress, uterine atony can occur, weakness can occur in the progress of labor, then shock occurs to the mother and fetus. From preliminary observations and researchers' interviews with 5 pregnant women in the Beutong Community Health Center in Beutong District, Nagan Raya Regency, it was also found that 2 out of 5 pregnant women were pregnant women who planned to be born in traditional birth attendants, the reason for these women was because their offspring were accustomed to being born in the TBA and believed in the TBA, the pregnant women also said that the TBA was very skilled in taking care of the baby, they also strongly believed in the TBA's skills, then the writer conducted an interview with 2 village midwives at Beutong Puskesmas, the midwives claimed so far has tried the community to give birth in Health Workers. But the same thing was done by the community, this is because of the factors that triggered the community to prefer shaman birth.

Based on the community's recognition in each Gampong, the community claimed that PTT midwives did not all stay in the village, there were three villages where the midwives were not always in the village, namely Babah Suak, Kuta Tengoh and Blang Meurandeh villages while one village including the village midwife always settled, namely Blang Village Puuk. Based on the description above, researchers are interested in doing research on "*Effects of Husband's Knowledge and Support on Childbirth Assistance by a Traditional Birth Attendant*".

II. LITERATURE REVIEW

2.1 Labor

Labor and birth are normal physiological events in life. The birth of a baby is also a social event for the mother and family. The role of the mother is giving birth to her baby, while the role of the family is to give advice and support to the mother during the delivery process. In this case the role of health workers is no less important in providing assistance and support to mothers so that the entire series of labor processes takes place safely both for mothers and for babies born (Sumarah & Dkk, 2010); (Asrinah, 2010).

Labor is the beginning and the end and the peak of all that occurs from conception to expenditure. Whether or not labor is easy will determine the life of a prenatal baby (Janiwarty & Pieter, 2013). Labor is the process by which the baby, placenta and membranes exit the uterus from the mother's uterus. Labor is considered normal if the process occurs at term of gestation (after 37 weeks) without complications. Labor begins (inpartu) since the uterus contracts and causes changes in the cervix (opening and thinning) and ends with the birth of the placenta completely. The mother is not yet pregnant if uterine contractions do not cause cervical changes (Wiknjosastro, 2011)

2.2 Traditional Birth Attendant

Meilani (2009) A Traditional Birth Attendant (TBA) is a member of the community who is generally a woman who has the trust and has the skills to help with traditional births. These skills are acquired from generation to generation, practical learning or other ways that lead to the improvement of skills as well as through health workers. A TBA is also someone who is considered skilled and trusted by the community to help with the delivery and care of mothers and children in accordance with community needs.

In Africa, traditional birth attendants (TBAs) have historically been the major caregivers for women during childbirth (Aborigo, Allotey, & Reidpath, 2015). That definition is same as the definition by WHO, TBA is a person who assists a mother during childbirth and who initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants (WHO, 1992).

III. METHODOLOGY/MATERIALS

This research is analytical with cross-sectional approach, where the independent and dependent variables are examined at the same time as the study was conducted. there are 76 mothers who have babies in the Beutong Ateuh Community Health Center in Beutong Ateuh District, Nagan Raya Regency. Samples are part of the population to be studied or part of the population characteristics (Hidayat, 2007). For a study population of less than 100 respondents, all should be taken to be sampled. The sampling technique in this study is total sampling that is taking all the population into a sample with a total of 76. This study conducted a univariate and bivariate statistical test chi-square (X^2). The independent variables of this research are the mother's knowledge and husband's support, with the dependent variable being the traditional birth attendant.

IV. RESULTS AND FINDINGS

4.1. Results

The results of frequency and percentage calculations based on the researched following table below:

Table 4.1.1: Mother's Knowledge Factors Associated with Delivery Assistance by Traditional Birth Attendant in the Work Area of UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District.

Knowledge	Traditional Birth Attendant				f	%	P _{value}	OR
	Yes		No					
	n	%	n	%				
Good	4	8.9	41	91.1	45	100	0,000	95,667
Not Good	28	90.3	3	9.7	31	100		

Table 4.1.2: Husband / Family Support Related to Birth Assistance by Traditional Birth Attendant in the Work Area of UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District.

Husband's Support	Traditional Birth Attendant				f	%	P _{value}	OR
	Yes		No					
	N	%	n	%				
Good	31	88.6	4	11.4	35	100	0,000	310,000
Not Good	1	2.4	40	97.6	41	100		

4.2. Findings

1 Mother's Knowledge Factors Associated with Delivery Assistance by Traditional Birth Attendant in the Work Area of UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District.

Based on the results of research that is known about the knowledge factors associated with delivery assistance by traditional birth attendants in the Work Area of Beutong Ateuh Health Center Beutong Ateuh District, Nagan Raya Regency. The results of the study showed that birth attendance by traditional birth attendants was greater in mothers whose knowledge was not good at 90.3% while the assistance for births was not for TBAs more for mothers whose knowledge was good at 91.1%. This shows that the more knowledge the mother has, the less maternity patients are supported. From the chi square test results obtained value of Pvalue = 0,000 and this is smaller than $\alpha = 0.05$ (Pvalue = 0,000 < $\alpha = 0.05$) so that there is a significant relationship

between respondents' knowledge with factors related to delivery assistance by traditional birth attendants in the Work Area of the UPTD Puskesmas Beutong Ateuh, Beutong Ateuh District, Nagan Raya Regency.

From the results of OR 95,667 it can be concluded that respondents who have not good knowledge have the opportunity to do not good deeds on the factors related to childbirth assistance by a traditional birth attendant as much as 95,667 times compared to respondents who have good knowledge of the factors associated with childbirth assistance by dukun bayidi Working Area UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District. Based on researchers' considerations about the relationship between maternal knowledge factors with delivery assistance by TBA because the result of consideration of the number of birth attendants by TBAs is more for mothers who have not good knowledge of 90.3% while the assistance for births was not for TBAs more for mothers whose knowledge was good at 91.1%.

The results of the above research are supported by Furi & Megatsari where the results are obtained that $Pvalue = 0.014$ so that the factor of mother's knowledge is related to birth assistance by traditional birth attendants where if mother's knowledge also influences the amount of information absorbed by respondents in terms of health including good and true birth attendants, so that it will influence the decision respondents in choosing a helper labor (Furi & Megatsari, 2014). Another study conducted by Sarker, et, al stated that mothers with poor knowledge did not have the correct information about the right place to give birth so they chose to give birth in TBA (Sarker et al., 2016)

2. Husband / Family Support Related to Birth Assistance by Traditional Birth Attendant in the Work Area of UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District

Based on the results of this study it is known that the factor of husband / family support is related to delivery assistance by traditional birth attendants in the Work Area of Beutong Ateuh Health Center, Beutong Ateuh District, Nagan Raya Regency, From the results of the study showed that birth attendants assisted by traditional birth attendants were more at mothers who had good husband / family support by 98.3%, while birth assistance by TBAs was less good for mothers who were less well supported by husband / family by 88.6%. This shows that the better the support of the husband / family, the less number of patients who give birth support.

Chi square test results obtained value of $Pvalue = 0,000$ and this is smaller than $\alpha = 0.05$ ($Pvalue = 0,000 < \alpha = 0.05$) so that there is a significant relationship between support of husband / family respondent with factors related to childbirth assistance by TBA in the Work Area of the UPTD Puskesmas Beutong Ateuh Beutong Ateuh District Nagan Raya District. From the results of OR 310,000 it can be concluded that respondents who have bad husband / family support have the opportunity to do bad deeds on factors related to birth assistance by traditional birth attendants by 310,000 times compared to respondents who have good husband / family support for factors related to delivery assistance by traditional birth attendants in the Work Area of the UPTD Puskesmas Beutong Ateuh, Beutong Ateuh District, Nagan Raya Regency.

According to the researchers' assumptions there is a relationship between maternal attitude factors and delivery assistance by traditional birth attendants, more for mothers with good husband / family support by 98.3%, while birth assistance by traditional birth attendants is less favorable for mothers with less good husband / family support by 88.6%. Husband's support when the wife gives birth is to ensure safe delivery by health workers, among others manalin that birth attendants are midwives or doctors, provide the funds, equipment and

transportation needed, and assist during the delivery process and support the effort to refer to the required biolsa (Sulistyawati, 2013)

The results of the above research are supported by Aryani and Islaeni (2018) where the results are obtained that $P\text{value} = 0.000$ so that the factor of husband / family support is related to birth assistance by traditional birth attendants because the husband participates to accompany the mother in carrying out pregnancy examinations, looking for information about labor preparation, preparing the costs for the delivery process, and discussing with the mother to determine the choice of place and birth attendants (Aryani & Islaeni, 2018)

V. CONCLUSION

1. There is a significant relationship between mother's knowledge and delivery assistance by traditional birth attendants where the $P\text{Value} (0,000) < \alpha (0.05)$, $RP = 95,667$.
2. There is a significant relationship between husband / family support and delivery assistance by traditional birth attendants where the $P\text{Value} (0,000) < \alpha (0.05)$, $RP = 310,000$.

REFERENCES

1. Aborigo, R., Allotey, P., & Reidpath, D. (2015). The traditional healer in obstetric care: a persistent wasted opportunity in maternal health. 59–66.
2. Aceh Health Profile. (2014). Data AKI AKB serta cakupan persalinan tahun 2014. Banda Aceh.
3. Aryani, Y., & Islaeni. (2018). HUBUNGAN DUKUNGAN SUAMI DAN BUDAYA DENGAN PEMILIHAN TEMPAT PERSALINAN. *Journal-Aipkind.or.IdThe SoutheastAsian Journal of Midwifery*, 4, 8–14. Retrieved from <http://www.journal-aipkind.or.id/>
4. Asrinah. (2010). *Asuhan Kebidanan Masa Persalinan (Edisi Pert)*. Yogyakarta.
5. Furi, L. T., & Megatsari, H. (2014). FAKTOR YANG MEMPENGARUHI IBU BERSALIN PADA DUKUN BAYI DENGAN PENDEKATAN WHO DI DESA BRONGKAL KECAMATAN PAGELARAN KABUPATEN MALANG. *Jurnal Promkes*, 2, 77–88.
6. Health Departement of Nagan Raya. (2016). Data cakupan persalinan di Nagan Raya. Nagan Raya.
7. Hidayat. (2007). *Metode Penelitian Keperawatan Teknik Analisis Data*. Jakarta: Salemba Medika.
8. Indonesia Health Profile. (2014). Data AKI AKB serta cakupan persalinan tahun 2014. Jakarta.
9. Janiwarty, B., & Pieter, H. Z. (2013). *Pendidikan Psikologi untuk Bidan (Yogyakarta, ed.)*. Andi Officet Yogyakarta.
10. Manuaba, & A.C., I. (2013). *Ilmu Kebidanan, Penyakit Kandungan, dan KB untuk Pendidikan Bidan Edisi 2 (Edisi 2)*. Jakarta: EGC.
11. Meilani. (2009). *Kebidanan Komunitas*. Yogyakarta: Fitramaya.
12. Nagan Raya District Health Office. (2015). Data cakupan persalinan di Nagan Raya. Nagan Raya.
13. Prawirohardjo. (2010). *Ilmu Kandungan kesehatan ibu dan anak*. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo.
14. Puskesmas Beutong Ateuh. (2015). Rekap jumlah persalinan tahun 2015. Beutong Ateuh.
15. Sarker, B. K., Rahman, M., Rahman, T., Hossain, J., Reichenbach, L., & Mitra, D. K. (2016). Reasons for preference of home delivery with traditional birth attendants (TBAs) in Rural Bangladesh: A qualitative exploration. *PLoS ONE*. <https://doi.org/10.1371/journal.pone.0146161>

16. Sulistyawati. (2013). *Asuhan Kebidanan Pada Masa Kehamilan*. Jakarta: Salemba Medika.
17. Sumarah, & Dkk. (2010). *Perawatan Ibu Bersalin (Asuhan kebidanan pada ibu bersalin)*. Yogyakarta: Fitramaya.
18. Syafrudin. (2009). *Kebidanan Komunitas*. Jakarta: EGC.
19. WHO. (1992). *Traditional birth attendants: a joint WHO/ UNFPA/UNICEF statement*. Geneva.
20. WHO. (2013). *Laporan Perkembangan Pencapaian Tujuan Pengembangan Millennium Indonesia (Millinnium Development Goals)*.
21. Wiknjosastro. (2011). *Pelatihan Klinik Asuhan Persalinan Normal Buku Acuan Jaringan Nasional Pelatihan Kilinik-Kesehatan Reproduksi*. Jakarta: Depkes RI.
22. Yulifah, & Yuswanto. (2012). *Asuhan Kebidanan Komunitas*. Jakarta: Salemba Medika.