

**LEVEL OF PREGNANT WOMEN'S KNOWLEDGE ABOUT
DELIVERY AID AND MOTHER'S ATTITUDES IN CHOOSING A
DELIVERY HELP IN KRUENG THO VILLAGE, DARUL HIKMAH
DISTRICT, ACEH JAYA DISTRICT**

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Abstract

Childbirth is an important event that is always remembered in a woman's life. The choice of place of delivery will have an impact on the health of the birthing mother. Even though it is supported by good facilities and health workers, it is still found that births are carried out by health workers at home, this happened in Krueng Tho Village, Aceh Jaya Regency. The aim of this research is to analyze the level of knowledge of pregnant women and the attitudes taken in choosing a place of delivery in Krueng Tho Village, Darul Hikmah District, Aceh Jaya Regency. The sample in this study was part of pregnant women in 2011 and 2023. This research is a quantitative type with descriptive analytical methods. Determining the sample size in this study was calculated using a formula of 150 people. The sampling technique uses total sampling. Factors that influence the choice of place and delivery assistance include level of knowledge, income level, attitude, level of education, family support, distance to health facilities and age factors. It is hoped that this research can provide advice for health workers to pay more attention to pregnant women and women giving birth, especially in terms of choosing a place of birth and birth assistance, namely the need to increase attention to health service programs through socializing childbirth in health facilities.

Keywords: *Knowledge of Pregnant Women, Attitudes Towards Childbirth, Childbirth, Health Service*

1. INTRODUCTION

Skilled health workers, preparation The health status of a country is determined by several indicators, one of these indicators is the Maternal Mortality Rate (MMR). According to the World Health Organization (WHO) in 2014, the MMR in the world was 289,000. Based on the Indonesian Health Demographic Survey (IDHS) in 2012, Indonesia's MMR is still high at 359 per 100,000 live births. The Global Sustainable Development Goals (SDGs) target is to reduce MMR to 70 per 100,000 live births. Referring to the current condition, the potential to achieve the SDGs target to reduce MMR is off track, meaning that hard and serious work is needed to achieve it.

The MMR in West Java Province in 2015 was 116.02 per 100,000 live births. Many women in labor die due to bleeding, prolonged parturition, eclampsia, abortion, infection, and others. Based on the discussion of the Movement to Save Mothers and Newborns in West Java held by the United States Aids for International Development (USAID) together with the Ministry of Health of West Java, there are many factors that affect the high MMR, one of which is the delay in handling patients at health facilities, this is caused

by the lack of awareness of pregnant women about the importance of giving birth at health facilities.

The high incidence of maternal mortality is identified as an indirect result of the "three late" conditions: late in recognizing danger signs and making decisions at the family level, late in reaching the place of service, and late in obtaining adequate medical assistance. The ignorance of pregnant women about the importance of delivery assistance by skilled health workers, preparation for a country's health status of birth, and emergencies are factors that influence the utilization of maternal and newborn health services, determined by several indicators, one of which is that mothers tend to choose TBAs as their delivery assistants.

Maternal Mortality Behavior (MMR). The number of MMR according to the World Health Organization (WHO) utilization of health services in a person's year in addition to being influenced by attitudes and 2014 MMR in the world as many as 289,000 people. behavior of officers and the availability of facilities Based on the 2012 Indonesian Health Demographic Survey (SDKI), MMR in the community towards health, traditions, Indonesia is still high at 359 per belief and other value systems 100,000 live births. Global targets The presence of health workers in the Sustainable Development Goals (SDGs) of childbirth is widely regarded as reducing the MMR to 70 per 100,000 live births. Referring to the importance of improving the current condition, the potential to achieve maternal health in countries with low resources of the SDGs target to reduce MMR is off track, meaning that hard and earnest work is needed to achieve it.

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The geographical location factor is one of the delays, such as the location of residential areas that are far from the location of health services, which is caused by the lack of reasons for choosing to give birth to pregnant women's awareness of the importance of giving birth at health facilities. Economic factors are one of the reasons for the high number of maternal deaths where pregnant women want to give birth is identified as a result of not being assisted by TBAs because it is not too much direct from the "three late" conditions, namely: late in recognizing danger signs and although the government has anticipated making decisions at the family level, it is by holding cards late in reaching the place of service, and health such as the Organizing Agency late in obtaining adequate medical assistance. Social Security (BPJS) and Healthy Indonesia Card (KIS) that must be owned by every pregnant mother.

However, due to the lack of knowledge of health in the Krueng Tho Village area, some pregnant women in Darul Hikmah Sub-district, Aceh Jaya District, do not know the importance and benefits of these health cards. The results of the Indonesian Demographic

and Health Survey stated that the MMR (Maternal Mortality Rate) for the 5-year survey period (2003-2007) was 228 100,000 live births. Based on the National Socio-Economic survey in 2008, birth attendants were midwives (53.96%), traditional birth attendants (30.27%) and doctors (12.32%). Births attended by health workers in Central Java (78.25%), Non-Health 21.75%.

Childbirth is an important event in a woman's life. The choice of place of delivery will have an impact on the health of the laboring mother. Although supported by good facilities and health workers, there are still births by health workers at home, this happened in Krueng Tho Village, Darul Hikmah Subdistrict, Aceh Jaya District. The causes of maternal mortality are generally grouped into three groups of problems, namely direct causes, indirect causes and mixed causes (Sudarman, 2008). Deaths that are direct causes are deaths that arise as a result of complications of pregnancy, childbirth, and postpartum caused by interventions, failures, inadequate treatment or a series of all of the above events. Indirect deaths are deaths caused by diseases that arise before or during pregnancy that are physiological (Priyanto, 2009).

One of the important process indicators in the safe motherhood program is to pay attention to safe delivery, ensuring that all birth attendants have the knowledge, skills, and tools to pay attention to safe and clean assistance, and provide postpartum services to mothers and babies (Saifuddin, 2006, p.6). In the MCH (Maternal and Child Health) program, several types of personnel are known to provide obstetricians, general practitioners, midwives and nurse midwives (Ministry of Health RI 2003).

2. RESEARCH METHODS

This study includes a type of quantitative research with descriptive analytic method with retrospective through direct observation or observation of the relationship between the level of knowledge and the attitude of pregnant women in this study are pregnant women in Krueng Tho village, Darul Hikmah sub-district, Aceh Jaya Regency for the period of 2023 as many as 2 people, namely pregnant women with pregnancy 4-25 weeks (Notoatmodjo, 2005).

Sampling in this research is based on the research area, carried out using total sampling techniques. Total sampling is a sampling method where the entire population is sampled if the sample is less than 100, because if you don't take everything it creates a perception of being criminalized. because the sample in Krueng Tho Village, Darul Hikmah District, Aceh Jaya Regency is more than 100, the researcher used the total sampling technique.

Variables are often called variables. According to Setiadi, in research there are two variables, namely the independent variable (Independent) and the dependent variable (dependent). Independent variables are variables that affect or cause changes in the emergence of dependent variables. The independent variable in this study is the knowledge of pregnant women. While the dependent variable is the variable that is influenced, as a result of the existence of the independent variable (independent) (N. Nursalam, 2019; S. Nursalam, 2013).

To find out whether the questionnaire is able to measure what we want to measure, it needs to be tested by testing the correlation score (value) of each item (question) with

the question score of the questionnaire. the correlation technique tested with the "Product Moment" correlation because the data sample is more than 100 data, with the formula:

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2][n \sum y^2 - (\sum y)^2]}}$$

Description:

- R = Product Moment correlation
- N = Number of trial respondents
- X = Question score
- Y = Total Score
- XY = Question Score multiplied by total score

3. RESULTS AND DISCUSSION

3.1. Age of Respondents

From this study based on the age characteristics of respondents, it shows that the majority of pregnant women in Krueng Tho Village, Darul Hikmah District, Aceh Jaya Regency are 20-35 years old (78.9%). This age is an age that has more experience than people aged less than 20 people where experience affects a person's knowledge.

3.2. Education of Respondents

From the results based on the educational characteristics of respondents, it shows that the majority of pregnant women in Krueng Tho Village have a junior high school education equivalent to 7 respondents. This greatly affects the respondents in absorbing knowledge, while respondents who have a high level of education will more easily absorb knowledge, especially about the selection of birth attendants by health workers, but not all respondents with low education have low knowledge as well (Notoatmodjo, 2003).

3.3. Respondents' Level of Knowledge about Choosing a Health Worker for Birth Attendance

The results of the study showed that the majority of respondents had a level of knowledge that could be influenced by several respondents (46.1%). The level of knowledge can be influenced by several factors of education, experience, age, and information. (Yenita, 2011).

Table 1. Birth Attendance by Health Personnel

Type of Labor	Frequency	Percentage
With Health Personnel	35	46,1%
Without Health Personnel	41	53,1%
Total	76	100,0%

4. CONCLUSION

From this study based on the age characteristics of respondents, it shows that the majority of pregnant women in Krueng Tho Village, Darul Hikmah Subdistrict, Aceh

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As for some suggestions that can be conveyed, namely for researchers, this can be developed for varied research not using descriptive methods but up to analytical methods. Then it is hoped that pregnant women can utilize health workers as birth attendants. In addition, it is also expected that health workers can provide an understanding of the cost of childbirth with the existence of a maternity insurance program but can carry out maternal care in the delivery process and village midwives are always ready to provide assistance such as childbirth.

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