



Socio-Cultural Potential for Low Delivery Assistance by Nakes in Working Area of the Bibida Health Center, Paniai Regency, Central Papua

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Abstract

One method that can reduce maternal and newborn mortality rates is delivery carried out by health workers. Most maternal and newborn complications and deaths occur during the labor period. This happens because the assistance is provided by health workers who do not have midwifery (professional) competence. This study aims to identify factors that contribute to the low level of delivery assistance by health workers in the Bibida Community Health Center working area. In 2021, 56.3 percent of births will be assisted by health workers, and 32% will be at the Bibida Community Health Center. Quantitative research was conducted using a cross-sectional analytical design. The research was conducted in the Bibida Community Health Center working area in Paniai Regency, Central Papua, from October 2023 to November 2023. This research involved all mothers who had just given birth who were in the Bibida Community Health Center working area during July, August and September. The total population technique was used to collect 35 samples. Use of computerization to process univariate and bivariate data. Research result delivery assistance by non-health workers 62.9% and culture does not support 51.4%. With p value=0.000, the results of statistical analysis show that there is a socio-cultural relationship. It is recommended that pregnant women give birth at health workers and in health facilities. In addition, it is important for midwives to work together with local community leaders and related sectors in encouraging people to give birth with health workers.

Keywords: Socio culture, Health workers, Bibida Health Center

Introduction

Mothers and children are the family members who are most vulnerable to overall family

and environmental conditions. It is important to assess the health status and performance of maternal and child health efforts. Maternal Mortality Rate (MMR) is the main indicator that can be used to assess the success of maternal health programs. AKI includes all deaths that occur during pregnancy, childbirth and postpartum which are caused by pregnancy, childbirth or postpartum itself, not due to other reasons, such as accidents or incidental illnesses. For every 100,000 live births, the maternal mortality rate (MMR) is the total number of deaths within that scope (Pribadi, 2021).

The World Health Organization (WHO) reports that the global maternal mortality rate (MMR) reached 287,000 women who died during and after pregnancy and childbirth in 2020. This figure is divided into several countries, such as the United States (9300 people), North Africa (179,000 people) (Yaya et al., 2021), and Southeast Asia (16,000 people). MMR in Southeast Asian countries such as the Philippines reaches 170 per 100,000 live births, Vietnam 160 per 100,000 live births, and Thailand 160 per 100,000 live births (Aryastami & Mubasyiroh, 2021).

The number of AKI cases in Papua was reported in 2002 as many as 360, in 2012 as many as 573, and in 2021 as many as 236 cases. However, these results cannot be used as a reference for calculating maternal mortality rates (Hasmi et al., 2021). Most maternal and newborn complications and deaths occur during the labor period. This happens because the assistance is provided by health workers who do not have midwifery (professional) competence. Papua Province Health Workers assisted in 52.3% of deliveries in 2012, 34.1% in 2015, 49.8% in 2020, and 56.3% in 2021 (Situmorang et al., 2022).

The birthing process carried out by health workers is greatly influenced by social and cultural factors. Because modern medical systems are incompatible with native culture, people refuse to use them. Local conditions greatly influence the power to defend norms and principles. Areas that are not much affected by modern lifestyles, which can change societal norms and perspectives, remain stable. On the other hand, places where immigrants bring a lot of change can produce cultural changes in society (Fitriasari & Sufiawati, 2022).

Various aspects of life can be affected by cultural changes. One example is the belief that birth attendants, most of whom are assisted by traditional birth attendants, will change when midwives are employed as health workers in rural areas (Chen et al., 2019).

Most pregnant women in rural areas still trust traditional healers or family members to assist with childbirth, which is usually done at home. Studies show that delivery by traditional birth attendants is still carried out, which can harm both mother and baby. Closely known, cheap, understanding, and able to assist in traditional ceremonies related to the birth of a child as well as caring for the mother and baby for 40 days, are some of the main reasons why dukun are chosen as birth attendants (Tabong et al., 2021).

Literature Review

Culture is a complex that includes knowledge, beliefs, art, morals, laws, customs and other habits that each person has as a member of society. Lawrence Green stated that a person's

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health behavior is influenced by three determinant factors, namely predisposing factors, enabling or supporting factors, and reinforcing factors (STIKes Surya Mitra Husada Kediri, 2018).

Education, knowledge, attitudes, beliefs, traditions, social norms, and experiences are some of the predispositions. Possible factors include resource availability, cost, health facilities, affordability of facilities, and access to information. However, things like support from family, husband, friends, and the attitudes and behavior of health professionals are some of the motivating factors. Many studies have been conducted to find out what influences the choice of a birth attendant (Kassie et al., 2022).

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Based on research conducted by Siska Dhewi (2022) regarding Analysis of the Selection of Birth Attendants. The results of bivariate analysis show that there is a relationship between age (p value = 0.012), parity (p value = 0.030), delivery costs (p value = 0.002), and ease of access (p value = 0.000) with the selection of birth attendants (Dhewi, 2022).

Research Method

This type of quantitative research, with a cross sectional design. The independent variables in this study are social culture, access to health information, distance to health facilities and the dependent variable is the low level of birth assistance by health workers. This research was carried out from October 2023 to November 2023 and the location chosen was the Bibida health center working area, Paniai Regency, Central Papua. The population in this study were all postpartum mothers in the Bibida Community Health Center working area (Zonggonau, 2017). The research sample was all postpartum mothers in the Bibida health center working area, Paniai Regency. Samples were taken using a total population technique of 35 samples. Computerized univariate and bivariate data processing using the chi-square statistical test. Test at a confidence level of 95% and the data was processed using SPSS.

Results/Findings

1. Univariate analysis

a. Frequency distribution of delivery assistance by health workers in the Bibida Health Center working area, Paniai Regency, Central Papua in 2023

Frequency distribution of delivery assistance by health workers in the Bibida Health Center working area, Paniai Regency, Central Papua in 2023

No	Selection of delivery assistants	f	%
1	Non health worker	22	62,9
2	Health worker	13	37,1
	Amount	35	100

Based on Table 4.1, it is known that of the 35 people who gave birth, the majority or as many as 22 (62.9%) of the respondents gave birth at non-health workers.

b. Social and cultural frequency distribution of birth assistance by health workers in the Bibida Health Center working area, Paniai Regency, Central Papua in 2023

Social culture of birth assistance by health workers in the Bibida Community Health Center working area

Social culture	F	Percentage (%)
Does not support	18	51,4
Support	17	48,6
Amount	35	100

Based on Table 4.2, it is known that more than half or as many of the 35 people who gave birth were found 18 people (51.4%) respondents social culture does not support it

2. Bivariate Analysis

a. Socio-cultural relationship to the low level of birth assistance by health workers

Socio-cultural relationship to the low level of birth assistance by health workers

Socio-cultural	Maternity Selection				Total	R
	Non health worker		Health worker			
	f	%	f	%		
Does not support	17	48,57	1	2,86	18	51,43
Support	5	14,29	12	34,28	17	48,57
Amount	22	62,86	13	37,14	35	100

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Based on table 4.7, it is known that 17 respondents (48.57%) had less access to information, 16 respondents (45.71%) gave birth with non-health workers and 1 respondent (2.86%) gave birth with health workers. From the statistical test, the p value = 0.001 ($p_{\text{value}} \leq 0.05$) which means there is a significant relationship between access to information and delivery assistance by health workers at the Bibida Community Health Center 2023

Discussion

1. Frequency distribution of delivery assistance by health workers in the Bibida Health Center working area, Paniai Regency, Central Papua in 2023

From the research results, it is known that the distribution of birth assistance by health workers from Of the 35 people who gave birth, there were 22 people (62.9%) of the respondents who gave birth at non-health workers at Bibida Community Health Center. According to research conducted by Nurul et al. (2017), in Panancangan Village, Cibadak District, Lebak Regency, of the 58 people surveyed, 32 people (55.17%) chose birth attendants who were not health workers, and 26 people (44.83%) chose birth attendants who were not health workers.

Hanny's (2023) study found that 17 people (33.3%) of pregnant women chose birth attendants who were not health workers and 34 people (66.7%) chose health workers aged 20-35 years.

One way to determine how many births are safe is to look at how much birth assistance is provided by health workers. The best place to give birth is a health facility that has equipment and staff ready to help if problems occur during delivery. At a minimum, health facilities such as community health centers (Prater et al., 2023) are capable of providing basic emergency obstetric and neonatal services (PONED), although it is understandable that not all community health centers have the ability to provide these basic services.

However, when a mother gives birth, at the community health center there are medical personnel who can immediately contact the patient if a problem occurs. In addition, births carried out in health facilities use safe, clean and sterile equipment to prevent infections and other health risks (WHO, 2011).

2. Social and cultural frequency distribution of childbirth assistance by health workers in the Bibida Health Center working area, Paniai Regency, Central Papua in 2023

From the research results, it is known that the social and cultural distribution of 35 respondents, there are 18 people (51.4%) of social and cultural respondents who do not support (Efriandi, 2021).

In line with Rusnawati (2012), this study investigates the factors that influence the choice of place of delivery in the Work Area of the Public Health Center in a Supportive Culture Country, while 34 people (38.6%) of respondents have a culture that does not

support it.

This research is in line with Lia (2011), based on social culture, most people believe in local culture and customs, namely 87 respondents (70.7%), of which 15 respondents (17.2%) were helped by health workers and 72 respondents were helped by non-health workers (82.8%).

3. Socio-cultural relationship to the low level of birth assistance by health workers

The results of the research showed that of the 18 respondents (51.43) who stated that the culture did not support 17 respondents (48.57%) gave birth with non-health workers, 1 respondent (2.86%) gave birth with health workers. From the statistical test, the value of $p = 0.000$ ($p_{\text{value}} \leq 0.05$) which means there is a significant relationship between social culture and delivery assistance by health workers at the Bibida Community Health Center in 2023.

There is no significant relationship between culture and health workers' delivery, according to the results of Rusnawati's (2012) research on factors related to place of delivery, with a P value = 0.007. These results are in accordance with research by Lia (2011) which found that there was a socio-cultural influence on the selection of maternal birth attendants at the Molopatodu Community Health Center. The p value ($0.010 < \alpha 0.05$) shows that there is a socio-cultural influence on the choice of maternal birth attendant.

Almost all the people in the Bibida Community Health Center area are very fanatical about their culture and customs, so it is sometimes difficult for midwives to be accepted. This shows that people prefer to give birth to a baby at a shaman rather than a midwife. This is because it has been a long-standing custom in their village that midwives help with births. Apart from that, dukun are cheaper, quicker to call, easier to contact, and have a close and familial relationship with the mothers they help (Megiyanti Matande et al., 2022).

Many women in developing countries, especially in rural areas, prefer traditional services to modern health care facilities. TBAs have a higher social and cultural status compared to midwives. Therefore, many people ask for their help from birth checks to post-natal care. Apart from that, this community believes that there is no problem giving birth at a traditional birth attendant for generations.

Conclusion

More than half of the respondents 22 (62.9%) gave birth at non-health workers or 13 (37.1%) mothers gave birth at health workers. Most of the respondents had a social culture that did not support them, namely 18 people (51.4%) respondents and 17 people (48,6%) respondents with a supportive social culture. There is socio-cultural potential for low delivery assistance by nakes in the working area of the bibida health center in Pania Papua Tengah p value (0,000).

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