



THE RELATIONSHIP OF THE ROLE OF THE FAMILY AND LABOR DECISION MAKING IN PREGNANT WOMEN IN THE III TRIMESTER IN THE INDEPENDENT PRACTICE OF MIDWIFERES IN ENDANG BANTEN FOR THE PERIOD OF NOVEMBER-DECEMBER 2023

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Abstract

Background: WHO in 2020 reported that the maternal mortality rate in the world was 287 per 100,000 live births. In developing countries 27.1% and in developed countries 16.3% of the highest maternal deaths are caused by bleeding caused by the selection of birth attendants. One of the Efforts to reduce MMR is decision making is a fundamental ability for health practitioners, in particular in midwifery care. Research Objectives: To know connection role family with decision making delivery in third trimester pregnant women at the Mandiri Midwife Practice in Endang. Research Method: analytical survey with the type of research cross-sectional. some pregnant women who carry out pregnancy checks at T PMB Endang in November 2023 there will be 97 people . The sampling technique uses purposive sampling technique. Research Results: majority of respondents own role family Good that is as many as 46 (94%) and respondents with category decision appropriate namely 45 respondents (92%) so there is a significant relationship between Family Roles With Maternity Decision Making in Third Trimester Pregnant Women obtained p value 0.000 ($P < 0.05$). Conclusions and Suggestions: There is a significant relationship between Family Role Relationships With Maternity Decision Making in Third Trimester Pregnant Women. It is hoped that midwives will provide evaluations for health workers to better understand the emotional conditions of pregnant women when making decisions.

Keywords: Family Roles, Decision Making, Childbirth, Pregnant Women

Introduction

Labor and birth are normal physiological events in life. The birthing process can be a frightening prospect for pregnant women, so don't let the process be made worse by a lack of understanding about the early signs of labor. Knowing the early signs of labor is an important asset that every pregnant mother needs to have. This aims to detect any complications that are at risk during childbirth, so that a normal birth will be created, safe for the mother and baby. Antenatal care is the second pillar in safe motherhood which is a means for mothers to be better prepared for childbirth. Mothers' unpreparedness for childbirth is one of the factors causing the high maternal mortality rate (MMR) and infant mortality rate (IMR) (Taqwin, 2020).

According to WHO, the maternal mortality rate is very high, around 287,000 women died during and after pregnancy and childbirth in 2020. Nearly 95% of all maternal deaths occur in low and lower middle income countries. The highest maternal mortality rates in 2020 are the countries of Africa and South Asia which account for 87% (253,000) of the estimated global maternal deaths in

2020. Africa accounts for 70% (202,000) and South Asia accounts for 16% (47,000). The cause is bleeding, 27%, eclampsia 14%, infection 11%, prolonged labor 9%, abortion 8% (WHO, 2020)

Maternal Mortality Rate (MMR) is the ratio of maternal deaths during pregnancy, childbirth and postpartum which are caused by pregnancy, childbirth and postpartum or its management but not due to other causes such as accidents or falls for every 100,000 live births. Meanwhile, the Infant Mortality Rate (IMR) shows the number of deaths of babies aged 0 years out of every 1000 live births in a certain year or can also be said to be the probability of a baby dying before reaching the age of one year, expressed as per 1000 live births. The maternal mortality rate in Indonesia in 2022 will reach 207 per 100,000 KH, exceeding the strategic plan or strategic plan target of 190 per 100,000 KH (Ministry of Health of the Republic of Indonesia, 2022).

MMR and IMR in Indonesia are still high. One of the factors that causes high maternal and infant mortality is the ability and skills of birth attendants. The target for maternal mortality in 2020 is 91.45 % per 100,000 KH, while the number of maternal deaths until August 2020 is 227.22% per 100,000 KH. The main causes of maternal death are pre-eclamptic bleeding and maternal comorbidities.

According to the Chair of the Scientific Committee of the International Conference on Indonesia Family Planning and Reproductive Health (ICIFPRH), Meiwita Budhiansana, until 2019, MMR in Indonesia remained high, namely 305 per 100,000 live births. Even though Indonesia's MMR target in 2015 is 102 per 100,000 live births (Susiana, 2019).

Other data is shown by the World Bank which states that since 2000, MMR in Indonesia has shown a downward trend, stating that the MMR ratio in Indonesia was 177 per 100,000 live births in 2017. In the Sustainable Development Goals (SDGs), the MMR target is 70 per 100,000 live births in 2030. Despite the decline, MMR still has not reached the MDGS target in 2015, namely 102 and SDGs in 2030, namely less than 70 per 100,000 live births (Susiana, 2019)

The causes of maternal death are still dominated by three main causes of maternal death including bleeding (30%), hypertension in pregnancy or preeclampsia (25%), and infection (12%), blood disorders (12%), metabolic disorders (3%), and other causes (24%) that can occur both during labor and after delivery, all of these main causes are classified as complications or complications that can actually be avoided if the birth is planned, cared for and managed properly by competent health professionals such as midwives (Dinas Banten Province Health, 2022).

Love My Mother is not just loving your mother, but an application that consists of 4 contents, namely SiJari EMAS, Info Bunda, SAWARGI, PWS KIA. SiJari EMAS is an emergency referral communication information system for mothers and newborns. Info Bunda is an application that can be accessed by the public (pregnant women) to obtain information related to health for pregnant women and their babies. Info Bunda started from an SMS-based system, now it has been updated to an Android-based system (Banten Provincial Health Service, 2022)

Family is understood as a primary group consisting of two or more people who have a network of interpersonal interactions, blood relations, marriage relations, and adoption. This definition shows that the family requires the existence of a marriage relationship, blood relationship, or adoption as a bond (WHO, 2020).

Decision making is part of human life in facing various problems to fulfill various life needs, so that every individual needs to make the right decisions. Decision making is a process and takes place within a system, even though it is a very personal decision. Decision making is something that is usually taken or done because individuals face various problems to be able to maintain their lives. Decision making is the key to life which is important in facing various problems to be able to survive (WHO, 2020)

As decisions are made, they may initially be considered trivial but have a huge influence on a person's life. Many factors are needed to be taken into consideration so that the decision taken is truly

correct. Teenagers generally choose based on following friends, being told by their parents, being pushed by other people, or choosing themselves but are blind to the information they choose. Decision-making maturity is a process of choosing alternative actions for a person in an efficient way in a particular situation (Musadad et al., 2021).

Decision making in problem solving is a fundamental ability for health practitioners, especially in midwifery care. Not only does it affect the process of managing midwifery care, but it is important to improve the ability to plan change. Midwives in all clinical positions must have the ability to solve problems and make effective decisions, both as implementers/staff and as leaders (Trisnawati, 2019).

Problem solving and decision making processes require critical thinking and analysis that can be applied in midwifery practice. Decision making is an effort to achieve goals using a systematic process. Problem solving is included in the process steps of solving problems as quickly as possible. Effective problem solving and decision making predicts that individuals must have the ability to think critically, and develop themselves with guidance and role models in their work environment (Hasan, 2021)

Maternal mortality is a big problem in various regions in Indonesia, this means that the ability to provide health services still requires comprehensive and higher quality improvement. Therefore, midwives are expected to provide continuous and complete midwifery services, focusing on aspects of prevention, promotion based on partnerships and community empowerment together with other health workers to always be ready to serve anyone who needs it, whenever and wherever they are. To guarantee this quality, a professional standard is needed as a reference for carrying out all 5 actions and care provided in all aspects of professional service to individuals, families and community groups, both from the input, process and output aspects (Muchtar, 2019).

One of the important factors in efforts to reduce the death rate is the provision of quality maternal and neonatal health services close to the community, focused on three key messages of making pregnancy safer, namely that every birth is attended by trained health workers, every obstetric and neonatal complication receives adequate care and every fertile woman has access to prevention of unwanted pregnancies and complications of miscarriage (Trisnawati, 2019).

Viewed from the perspective of reproductive rights, it is clearly stated that every person, both men and women, regardless of class, social status, ethnicity, age, religion, etc., has the same right to decide freely and responsibly. More practically, it can be stated that women have the right to make decisions about obtaining the health services they need. However, in reality, from the past until now there is still a growing view that places the position and role of women as lower than men. There are many cases in traditions, religious interpretations and bureaucratic regulations that place women as subordinate to men. The reality shows that there are still societal values that limit the movement of women, especially women, in various areas of life (Musadad et al., 2021)

Based on a preliminary study conducted at the Endang Independent Midwife Practice, Rangkas Bitung District, Lebak Banten Regency in 2023, data on the number of pregnant women in the third trimester for the period August - September 2023 was 35 people. An initial survey conducted in the form of interviews found that 30 people (86%) said that all decision making in family matters was decided by the head of the family, in this case the husband. This is the same as the data in TPMB Ayu Andini, Rangkas Bitung District, Lebak Banten Regency. Of the 40 respondents who carried out an anamnesis, 35 (90%) of the respondents said that all decision making in family matters was decided by the head of the family, in this case the husband. Based on the description above, researchers are interested in conducting research with the title "The Relationship between Family Roles and Childbirth Decision Making in Third Trimester Pregnant Women in the Independent Practice of Endang Midwives, Lebak Regency, Banten in 2023"

Research Methods

This research is an analytical survey research which aims to find the relationship between the variables under study. This research uses a cross sectional design which is an analytical research design which aims to determine the relationship between variables where the independent variable and dependent variable are identified at one unit of time.

Research Result

Table 5.1 Characteristics of Respondents Based on Age, Parity, Education and Occupation

No	Karakteristik Responden	Frekuensi	Persentase (100%)
1	Umur	3	6
	<20 tahun dan > 35 tahun		
	20-35 tahun	46	94
	Jumlah	49	100
2	Pendidikan		
	Rendah <SLTA	12	24
	Tinggi >SLTA	37	76
	Jumlah	49	100
3	Pekerjaan		
	Bekerja	29	59
	Tidak Bekerja	20	41
	Jumlah	49	100
4	Paritas		
	Primipara	29	60
	Multipara	10	20
	Grandemulti	10	20
	Jumlah	49	100

Based on table 5.1, it can be seen from the 49 respondents studied that the majority of respondents were of productive age, namely 20-35 years, 46 respondents (94%), and for maternal age <20 years and >35 years, there were 3 respondents (6%). For the education category, the majority had higher education >high school, as many as 37 respondents (76%), while for the low education category <high school, there were 12 respondents (24%). For the occupational category, the majority of working mothers were 29 respondents (59%) and 20 respondents (41%) were non-working mothers. For the parity category, the majority were primipara, namely 29 respondents (60%), while for multipara and grandemulti parity the number was the same, namely 10 respondents (20%).

Table 5.2 Family Roles

Peran Keluarga	n	%
Peran Cukup jika nilai 25-36	3	6
Peran Baik jika nilai 37-48	46	94
Total	49	100

Based on Table 5.2, the majority of respondents have a good family role, namely 46 (94%) and there are 3 respondents (6%) who have a sufficient family role.

Table 5.3 Decision Labor

Keputusan Persalinan	N	%
Keputusan tepat jika nilai >60	45	92
Keputusan Kurang Tepat <60	4	8
Total	49	100

Based on table 5.3, the majority of respondents in the correct decision category were 45 respondents (92%) and respondents in the inappropriate decision category were 4 respondents (8%).

Table 5.4 The Relationship between Family Roles in Maternity Decision Making

Peran Keluarga	Keputusan Persalinan				Jumlah		P-Value
	Keputusan Tepat		Keputusan Kurang Tepat				
	F	%	F	%	N	%	
Peran Cukup	1	2	2	4	3	6	0.000
Peran Baik	44	42	2	4	46	94	
Total	45	45	4	4	49	100	

Of the 49 respondents from third trimester pregnant women, 45 respondents (45%) made the right decision, while 4 respondents (4%) made the wrong decision. For the sufficient role category, 1 respondent (2%) made the right decision and 2 respondents (4%) made the wrong decision. Meanwhile, for the good role category, 44 respondents (42%) made the right decision and 2 respondents (4%) made less correct decisions. Based on the chi square test with CI = 95%, the p value was 0.000 ($P < 0.05$), which means there is a relationship significant relationship between the role of the family and decision making.

Table 5.5 Chi Square Test

	Value	Df	Asymp Syg (2-tailed)
Person Chi-Square	14.590 ^a	1	.000

Based on table 5.4, the Asymp Syg (2-tailed) value is $0.000 < 0.05$, which means there is a relationship between the role of the family and birth decision making for pregnant women in the third trimester at the Bindan Endang Banten Mandiri Practice for the November-December 2023 period.

Discussion

Family Role

Based on Table 5.2, the majority of respondents have a good family role, namely 46 (94%) and there are 3 respondents (6%) who have a sufficient family role. Family roles are attitudes, actions, family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support. A role is a set of behaviors that other people expect of a person according to their position in a system. Role is also defined as a form of behavior expected from someone in certain social situations (Trisnawati, 2019).

This research is in line with (Komang Rusmini, 2018) The results of the study show that the majority of pregnant women in the third trimester at the Landono Community Health Center in 2018,

namely 31 people (68.89) used their family roles well. Of this number, there were 27 people (87.10%) respondents who were able to make appropriate midwifery service decisions when dealing with the delivery of pregnant women, and only 4 people (12.90%) made inappropriate decisions. While respondents (pregnant women) use family roles poorly, the majority make inappropriate midwifery service decisions when facing childbirth. Namely, of the 14 respondents, there were 8 (57.14%) respondents who made inappropriate midwifery service decisions. Only 6 people (42.86%) were able to make the right decision.

Midwifery services are one of the main needs for a pregnant woman to be able to give birth well. Midwifery services are an integral part of health services which are directed at realizing family health in order to achieve quality families. Family services are services provided by midwives in accordance with the authority they are given with the aim of improving the health of mothers and children. The conditions experienced by pregnant women will also affect all family members. Therefore, it is necessary for the role of the family to provide support to pregnant women to provide strength to pregnant women to prepare themselves for childbirth. Apart from that, the family is also the closest social unit and can provide strong support for its members (Hasan, 2021).

According to the author's assumption, the role of the family is really needed during pregnancy. A pregnant mother needs support, either from her husband or from her family. This support will help pregnant women get through difficult times for pregnant women. Especially the support of husbands and parents, this support will be power for pregnant women in preparing everything, especially during childbirth.

Childbirth Decisions

Based on table 5.3, the majority of respondents in the correct decision category were 45 respondents (92%) and respondents in the inappropriate decision category were 4 respondents (8%).

Decision making is part of human life in facing various problems to fulfill various life needs, so that every individual needs to make the right decisions. Decision making is a process and takes place within a system, even though it is a very personal decision. Decision making is something that is usually taken or done because individuals face various problems to be able to maintain their lives. Decision making is the key to life which is important in facing various problems to be able to survive (WHO, 2020)

As decisions are made, they may initially be considered trivial but have a huge influence on a person's life. Many factors are needed to be taken into consideration so that the decision taken is truly correct. Teenagers generally choose based on following friends, being told by their parents, being pushed by other people, or choosing themselves but are blind to the information they choose. Decision-making maturity is a process of choosing alternative actions for a person in an efficient way in a particular situation (Musadad et al., 2021).

Decision making in problem solving is a fundamental ability for health practitioners, especially in midwifery care. Not only does it affect the process of managing midwifery care, but it is important to improve the ability to plan change. Midwives in all clinical positions must have the ability to solve problems and make effective decisions, both as implementers/staff and as leaders (Trisnawati, 2019).

Problem solving and decision making processes require critical thinking and analysis that can be applied in midwifery practice. Decision making is an effort to achieve goals using a systematic process. Problem solving is included in the process steps of solving problems as quickly as possible. Effective problem solving and decision making predicts that individuals must have the ability to think critically, and develop themselves with guidance and role models in their work environment (Hasan, 2021)

According to the author's assumption, decision making must be a mutual agreement between the mother, her family and the midwife, with the mother as the main determinant in the decision making

process. The mother has the right to choose and decide from whom and where she will obtain midwifery services. In the context of making this decision, under certain conditions gender position sometimes has a crucial role.

The Relationship between Family Roles in Maternity Decision Making

Of the 49 respondents from third trimester pregnant women, 45 respondents (45%) made the right decision, while 4 respondents (4%) made the wrong decision. For the sufficient role category, 1 respondent (2%) made the right decision and 2 respondents (4%) made the wrong decision. Meanwhile, for the good role category, 44 respondents (42%) made the right decision and 2 respondents (4%) made less correct decisions. Based on the chi square test with CI = 95%, the p value was 0.000 ($P < 0.05$), which means there is a relationship significant relationship between the role of the family and decision making.

This research is in line with (Hasan, 2021) showing that there is a significant relationship between the role of the family and decision making for midwifery services facing childbirth in third trimester pregnant women with a value of $p = 0.002 < \alpha = 0.05$. The results of this study are in line with the results of research by (Trisnawati, 2019) which concludes that there is a relationship between family perceptions and decision making in family activities.

These results provide an overview of the role of the family in potentially making appropriate midwifery service decisions. This means that when a pregnant woman is involved together with her husband in making decisions regarding her need to have a child, that decision tends to be the right decision. On the other hand, if the role of the family is not involved, in other words the decision making is carried out unilaterally by both the husband and the pregnant woman herself, then the decision tends to be inappropriate. The decision-making process is generally deliberative. Even though it is only in families with the wife, decisions are taken based on mutual agreement. Meanwhile, for others, decision making is returned to the husband (Muchtar, 2019).

According to the author's assumption, the role of the family is very important in decision making, especially medical decisions. For decision makers we need deliberation even though the decision is in the hands of the husband, but we must still involve the role of the family in order to get the right decision.

Conclusion

1. It can be seen that the majority of respondents have a good family role, namely 46 (94%) and there are 3 respondents (6%) who have a sufficient family role.
2. It can be seen that the majority of respondents in the correct decision category were 45 respondents (92%) and respondents in the inappropriate decision category were 4 respondents (8%).
3. Based on the chi square test with CI = 95%, a p value of 0.000 ($P < 0.05$) was obtained, which means there is a significant relationship between the relationship between family roles and birth decision making among pregnant women in the third trimester at the Bindan Endang Banten Mandiri Practice in the November period. -December 2023.

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