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Knowledge, Attitude, and Culture as The Main Determinants of The Referral Behavior of Pregnant Women in The Community Health Center of Sukosewu

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ABSTRACT

The high maternal mortality rate can be caused by the lack of referral behavior of pregnant women. The purpose of this study was to analyze the factors that influence the referral behavior of pregnant women. The design of this research is an analytic study with a cross sectional approach. The population were all pregnant women in the working area of The Community Health Center of Sukosewu as many as 599 people. The sample size of 175 pregnant women was selected using proportional random sampling technique. The independent variables were knowledge, attitude, accessibility, husband's support and culture. The dependent variable was the referral behavior of pregnant women. Collecting data using a questionnaire. Data were analyzed using logistic regression with $p < 0.05$. The results indicate that there was an influence of knowledge ($p = 0.000$), attitude ($p = 0.012$), and culture ($p = 0.038$) on the referral behavior of pregnant women. There was no effect of accessibility ($p = 0.490$) and husband's support ($p = 0.377$) on the referral behavior of pregnant women. Good knowledge, positive attitudes, and a strong culture can improve the referral behavior of pregnant women to facilitate the referral process for pregnant women to reach referral health facilities.

Keywords: pregnant women; referral behavior; knowledge, attitudes, culture

INTRODUCTION

Background

Maternal Mortality Rate (MMR) is a measure used to assess the good or bad state of midwifery services (maternity care) in a country or region. Maternal Mortality Rate is the death of a woman while pregnant or within 42 days after the end of pregnancy due to any reason, regardless of the age of the pregnancy and the actions taken to terminate the pregnancy⁽¹⁾.

The maternal mortality rate in Bojonegoro Regency in 2017 was 17 people (100.93 per 100,000 live births). The maternal mortality rate in Bojonegoro Regency in 2018 was 27 people (162.23 per 100,000 live births). The MMR in Bojonegoro Regency is higher than the 2015 MDGs target of 102/100,000 live births. In 2017 there were no maternal deaths at the Sukosewu Health Center. The maternal mortality rate at the Sukosewu Community Health Center in 2018 was 2 people (366.97 per 100,000 live births), higher than the maternal mortality rate in Bojonegoro Regency. The number of live births at the Sukosewu Community Health Center is 545 people⁽²⁾.

The causes of maternal death consist of direct and indirect causes. Direct causes consist of bleeding, eclampsia and infection. Indirect causes are 3 too late and 4 too. Three are late, namely late detection and decision making (late referral), late in reaching health care facilities, and delay in receiving health services. Four too are too old to get pregnant (> 35 years), too young to get pregnant (< 20 years), too many (number of children > 4), and too close (space between births < 2 years)⁽³⁾. Decision-making referring to pregnant women is a form of behavior that is influenced by the behavior of referrals to pregnant women. Based on Lawrence Green's theory, the factors that influence the referral behavior of pregnant women are predisposing factors (knowledge, attitudes, beliefs), enabling factors (accessibility, availability of facilities), reinforcing factors (family support, community leaders, officers). Behavior is also influenced by environmental factors (physical, biological, socio-cultural)⁽⁴⁾.

Knowledge is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears and so on). By itself, the time from sensing to producing knowledge is strongly influenced by the intensity of attention and perception of the object⁽⁵⁾.

Attitude is a person's closed response to a certain stimulus or object, which already involves the relevant opinion and emotion factors (happy-not happy, agree-disagree, good-bad, and so on). Attitude is a readiness or willingness to act, and is not a implementation of certain motives. Attitude levels consist of receiving, responding, valuing, and responsible⁽⁵⁾. Attitude has direction, meaning that the attitude is disaggregated in two directions of agreement, namely whether to agree or disagree, whether to take sides or not to take sides with something or someone as an object. People who agree, support or take sides with an attitude object mean having an attitude that has a positive direction, whereas those who disagree or do not support it are said to have a negative attitude⁽⁶⁾.

Accessibility is the affordability of the community to health service facilities such as health centers, hospitals, clinics, and laboratories. So that in general access to health services can be interpreted as a form of health service with various types of services that can be reached by the community and can be measured by distance, length of trip, road infrastructure⁽⁷⁾.

Family support is family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support. So family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention⁽⁸⁾.

Culture is all the behavior and results of human behavior that is ordered by the code of conduct that must be obtained by learning and all of which are structured in people's lives. The cultural environment greatly influences the behavior of humans who have the culture, so that cultural diversity causes variations in human behavior in all respects, including health behavior. Culture consists of morals, laws, customs, and habits acquired by humans as members of society⁽⁴⁾. Community culture related to maternal referrals is providing transportation assistance for pregnant women who will be referred to hospitals, providing financial assistance for pregnant women who will be referred to hospitals, being willing to become blood donors, if needed at any time⁽⁹⁾.

Maternal referral is a referral system that is managed strategically, proactively, pragmatically and coordinatively to ensure complete and comprehensive equal distribution of maternal and neonatal health services for people who need them, especially women, wherever they are and come from any economic group, in order to achieve an increase in health status. pregnant women through improving the quality and affordability of maternal health services in their areas. Preparation of patients to be referred to the hospital consists of midwives, tools, family, letters, vehicles, money, and blood donations. Indications for referred pregnant women are a history of cesarean section, vaginal bleeding, preterm labor (pregnancy age less than 37 weeks, ruptured membranes with thick meconium, prolonged rupture of membranes (approximately 24 hours), ruptured membranes in preterm labor, jaundice, severe anemia, signs/symptoms of infection, preeclampsia/hypertension in pregnancy, uterine fundal height 40 cm or more, fetal distress, primipara in active phase of labor with fetal head palpation 5/5 in, non-back of the head presentation, multiple presentation multiple pregnancy, cord swelling of the center, and shock⁽⁹⁾. Danger signs of pregnancy that pregnant women must know are vomiting continuously and not wanting to eat, swelling of the hands and face, or headaches accompanied by seizures, the fetus feels less moving than before, bleeding in early pregnancy and late pregnancy, premature discharge of amniotic fluid⁽¹⁰⁾.

Purpose

The purpose of this study was to analyze the influence of knowledge, attitudes, accessibility, husband's support, and culture on the referral behavior of pregnant women.

METHODS

The design of this research was analytic research with cross sectional approach. The research was conducted in The Community Health Center of Sukosewu, Bojonegoro, Indonesia in April until October 2021 and was declared ethically appropriate by Health Research Ethics Committee of Health Polytechnic of Ministry of Health of Surabaya. The population of this study were all pregnant women in the working area of The Community Health Center of Sukosewu as many as 599 people. The sample size of 175 pregnant women was selected using proportional random sampling technique. The independent variables were knowledge, attitude, accessibility, husband's support and culture. The dependent variable was the referral behavior of pregnant women. Collecting data using a questionnaire. Data analysis used logistic regression test.

RESULTS

Characteristics of respondents

Table 1 shows that most of the respondents (85.1%) were aged 20-35 years and most of the respondents (46.9%) had elementary education.

Table 1. Characteristics of Respondents

No	Characteristic	Category	Frequency	Percentage
1	Age	< 20 Years	9	5.1
		20–35 Years	149	85.1
		> 35 Years	117	9.7
2	Education	Elementary	82	46.9
		High School	78	44.6
		College	15	8.6

Logistics Regression Test

Logistics Regression Test shows the following results:

Table 2. Logistics Regression Test Results

No	Variable	p-value	Exp(b)	Description
1	Knowledge	0.000	3.298	Significant
2	Attitude	0.012	2.519	Significant
3	Accessibility	0.490	0.833	Not significant
4	Husband's support	0.377	0.704	Not significant
5	Culture	0.038	2.193	Significant

Table 2 shows that knowledge, attitude, and cultural factors influence the referral behavior of pregnant women with $p < 0.05$. Accessibility factors and husband's support did not affect the referral behavior of pregnant women with $p > 0.05$. The dominant factor that most influences the referral behavior of pregnant women is the knowledge factor with $\text{Exp}(B) = 3,298$.

DISCUSSION

Lawrence Green's theory states that knowledge, attitude, accessibility, and cultural factors influence the referral behavior of pregnant women⁽⁴⁾. The attitude of pregnant women affects the health behavior that will be implemented⁽¹¹⁾.

Pregnant women who have good knowledge about referrals have the behavior of being referred when they have pregnancy diseases. Pregnant women who understand the danger signs of pregnancy, referral indications, and preparation for referrals will follow the advice of health workers to visit referral health facilities because they want to get better treatment for the safety of the fetus they are carrying. The results of this study are in accordance with the research of Tridiyawati F and Lestari ED (2018) which states that there is an influence of knowledge on the referral behavior of pregnant women⁽¹²⁾.

Pregnant women who have a positive attitude towards referrals have the behavior of being referred when experiencing pregnancy diseases. Pregnant women who have a positive response to the danger signs of pregnancy, attend counseling, prepare costs and means of transportation will have the readiness to act in carrying out referrals to health facilities. The results of this study are in accordance with the research of Rahmawati et al. (2017) which states that there is an influence of attitude on the referral behavior of pregnant women⁽¹³⁾.

Pregnant women who have a strong culture of referral have the behavior of being referred when they experience pregnancy diseases. This is because pregnant women receive financial assistance, transportation and moral support from the surrounding community to get treatment for pregnancy diseases at referral health care facilities. The results of this study are in accordance with the research of Harahap NC et al (2019) which stated that there was a cultural influence on the referral behavior of pregnant women⁽¹⁴⁾.

The accessibility factor has no effect on the referral behavior of pregnant women. The results of this study are different from those of Daniels AA and Abousi AA (2020) which state that there is an influence of access on referral behavior⁽¹⁵⁾.

The husband's support factor does not affect the referral behavior of pregnant women. The results of this study are different from the research of Kashaija DK et al. (2020) which states that there is an influence of husband's support on the referral behavior of pregnant women⁽¹⁶⁾.

CONCLUSION

Knowledge, attitudes, and culture of pregnant women affect their behavior in acting to make referrals to referral health facilities in order to maintain the health of the fetus. Health service facilities are expected to increase

health promotion activities, especially regarding referrals to pregnant women. Further researchers should conduct research on other factors that can influence the referral behavior of pregnant women, namely factors of belief, facilities, community leaders, health workers, physical and biological environment.

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