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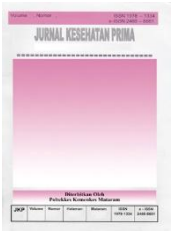

A Qualitative Study on Mothers' Decisions Not to Deliver at Community Health Centers

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ABSTRACT

Maternal and Child Health Service Standards emphasize that low-risk deliveries should be performed at primary healthcare facilities (FKTP) to ensure integrated and sustainable health services. The Donabedian framework, which includes three main components: input, process, and output, was used to analyze the decision-making process for the place of delivery. This study aimed to gain an in-depth understanding of mothers' decisions not to give birth at Puskesmas Tanjung Karang, Mataram. This study used a qualitative approach. The main informants in this study were mothers who gave birth at the Health Center, and additional informants were the coordinator midwives, selected using a purposive sampling technique. The results showed that inputs related to human resources were still perceived as lacking in quantity; facilities were adequate, although mothers still expected more than a 2D ultrasound. Decision making in choosing a place of delivery is due to situational factors, access to health facilities, and to minimize the risk of childbirth, such as the risk of maternal death due to 3 delays. The output shows a decrease in childbirth coverage, with only 1 out of 6 mothers choosing to deliver at the Health Center. In addition, there are still weaknesses in the referral system, so that mothers give birth directly at the hospital. Efforts to increase the coverage of childbirth need to be continued by providing sufficient numbers of midwives and ensuring that delivery services at the Puskesmas are safe and in accordance with Normal Delivery standards.

Keywords: Birth mothers; Delivery site decision; Input, Process, Output

INTRODUCTION

Childbirth is a complex process with interrelationships between physiological and psychological processes influenced by social, environmental, organizational, and political contexts. The WHO, when defining a positive birthing experience, emphasizes the significance of both clinical and psychological safety. Both practical and emotional support from staff with adequate skills is necessary to give women a sense of achievement, control, and participation in decision-making about their care (WHO, 2018).

In the context of childbirth care, some authors consider the following aspects essential: the communication of information, participation in decision-making, a sense of control, and the quality of the relationship with caregivers (Horiuchi, 2021).

One of the government's responsibilities in improving the community's health status is to strengthen maternal and child health services (MCH). Efforts by the government to improve maternal and child health services (MCH) include the provision of Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency

Obstetric and Newborn Care (CEmONC) in hospitals (Ministry of Health, 2019).

Regulation of the Minister of Health No. 97/2014 on Maternal and Child Health Service Standards stipulates that non-risky deliveries should be conducted at primary health facilities (FKTP), such as puskesmas, to ensure integrated and sustainable health services. Thus, maternal health services must be delivered in a tiered manner, with puskesmas functioning as Primary Health Facilities that refer patients to hospitals when necessary. Normal delivery can be done at the hospital without having to go through a referral from the puskesmas, Emergency Conditions, risky pregnancies, or access to FKTP that is too far (Boah et al., 2018).

Pregnant women who have experienced signs of labor are free to request assistance from health workers who provide delivery services, namely puskesmas pembantu, village maternity huts, village health posts, puskesmas, or hospitals. However, pregnant women living in urban areas prefer to deliver at better, modern health facilities such as hospitals (Baba, K. et al., 2016).

According to Indonesia's 2023 health profile, the national coverage rate is 57.31% for mothers giving birth in public or private hospitals, and only 21.29% for those giving birth in Puskesmas or Polindes. According to residence classification, 68.33% of mothers who gave birth in public/private hospitals live in urban areas. Meanwhile, in NTB Province, 37.18% of mothers gave birth in public/private hospitals, and 55.03% in community health centers (Badan Pusat Statistik, 2023).

Puskesmas Tanjung Karang is one of the Puskesmas in Mataram City, which also carries out management of pregnant mothers, showing a downward trend in the last 3 years, where the number of mothers giving birth at Puskesmas Tanjung Karang in 2022 was 132 out of 927 pregnant women, and decreased in 2023 with 116 out of 1049 pregnant women giving birth (Puskesmas Tanjung Karang, 2023).

Previous studies on the selection of delivery sites have largely relied on quantitative approaches that identify associated factors such as access, education, and family support. However, these approaches offer limited insight into the complexity of mothers' decision-making processes in real-life contexts. Although some qualitative studies exist, they often examine isolated factors and rarely apply a comprehensive health service framework, such as the Donabedian Model, to analyze the input, process, and output dimensions simultaneously. Furthermore, despite the availability of policies and adequate maternal health services at primary healthcare facilities in Indonesia, the utilization of these facilities for childbirth remains suboptimal, particularly in urban settings, and the underlying reasons from mothers' perspectives are still not well understood. Therefore, a more in-depth qualitative exploration is needed to comprehensively examine mothers' decisions not to give birth at community health centers within an integrated service framework.

Many factors influence patient behavior in utilizing health services, including predisposing factors, such as information, beliefs, experiences, habits, cultural values, comfort, and driving factors, including social support, infrastructure, costs, access, decision-making processes, and enabling factors such as attitudes from officers, regulations/policies, service provider administration (Marnah et al, 2016).

RESEARCH PROCEDURE

The research was conducted in December 2024 – January 2025 at the Tanjung Karang Health Center, Mataram City (Ethical Clearance, no: 193/EC/FKES-UNIQHBA/YPPQH/XII/2024). This study uses a

qualitative approach. Data were collected through in-depth interviews and focus group discussions on the choice of delivery location. The main informants were mothers who gave birth, selected according to the following criteria: mothers who did not give birth at the health center, mothers who gave birth with normal delivery, and mothers who gave birth and attended ANC and PNC at the health center. Furthermore, additional informants were the coordinating midwife and the midwife at the Tanjung Karang Health Center, selected using the purposive sampling technique.

RESULT AND DISCUSSION

The study obtained 7 main informants. In-depth interviews were conducted with laboring mothers who attended *postnatal care* (PNC) visits. Furthermore, using the Donabedian *Framework* includes three main components, namely *input*, process, and *output*, used to analyze the decision-making of the place of delivery.

Input

1. Human Resources

   Midwives provide comprehensive care throughout pregnancy, labor, and postpartum recovery, offering personalized and holistic support that reduces maternal complications and enhances the birth experience. Community-based midwifery programs have proven effective in reducing maternal and infant mortality rates, particularly in underserved areas. Midwives trained in culturally competent care improve trust and communication between healthcare providers and expectant mothers, ensuring that concerns are heard and addressed promptly (Aidoo E M, 2024).

   The results showed that the number of midwives, as many as 16 people, with 12 people already having ASN status, was still felt to be lacking in quantity because of the many tasks in the MCH program, not to mention the *multitasking* of some midwives who also had to do tasks outside the MCH program. In terms of quality, it has been fulfilled: 7 people hold Bachelor's degrees (3 of whom are already professional midwives), and all of them already have a midwife competency certificate.

   This *multitasking* often occurs due to a shortage of medical staff on duty, leaving existing staff to handle multiple tasks beyond their qualifications and skills. For example, a midwife may also have to handle personnel administration or health recording and reporting, which should be handled by administrative staff. This can reduce the efficiency and effectiveness of health services and increase the risk of errors in service delivery (Wanimbo, 2020).

   The results are supported by a study describing multitasking cultural doulas in Sweden, who face challenges related to unclear role division, insufficient education, lack of boundaries, insecure working conditions, and underpayment, which negatively impact the doulas' work satisfaction (Birgitta E et al., 2023).

2. Facilities

   The dimension of *tangible* evidence concerns the availability of facilities that can be directly felt by patients, including the sophistication of the equipment used, the condition of the facilities, and the harmony between the facilities and the services provided. The results showed that the MCH service facilities at the Tanjung Karang puskesmas were adequate: an antenatal service room, a postpartum and baby service room, and a

delivery room equipped with the necessary equipment. The interview results show that there are still complaints about the available 2D ultrasound equipment. However, the equipment is indeed in accordance with the Minister of Health Regulation No. 63 of 2023.

The researcher assumes that an increase in the community's standard of living is accompanied by greater public demand for the expected quality of health care. Along with the development of the dynamics of the business world, life is getting tougher and tighter, including in the field of health services, especially hospitals, both private hospitals and government hospitals, and also in this case, the health center. Puskesmas, especially MCH services, are required to improve service quality by providing preventive services during pregnancy and postpartum examinations to increase satisfaction among mothers as health service users.

Some hints are provided by Tautz et al. and Gammeltoft from Botswana and Vietnam, which show that women view the technology as a signifier of modernity and progress, and that they were using new, more "scientific" and advanced forms of pregnancy care. The increasing expectation of pregnant women regarding ultrasound, in some cases, women understood ultrasound as a therapeutic tool that could fix any abnormalities in their own and their baby's health. Women in Tanzania, for example, expected ultrasound technology to detect and treat sexually transmitted diseases, including HIV, both in themselves and the baby. They even believed the technology would prevent the transmission of infections to babies if they became infected. Across these study settings, women believed that an ultrasound guaranteed a safe pregnancy and delivery of the "perfect baby (Ibrahimi J, Mumtaz Z, 2023).

3. Service Policy

Policy is a decision or step taken by the organization to achieve the desired *output* or goal. Properly fulfilling the input elements greatly helps the running of a process to achieve the planned *output*. Tanjung Karang Health Center, in this case, adheres to the policies of the Ministry of Health and the Mataram City Health Office. Still, the Puskesmas also has its own policies to provide more optimal MCH services to the community, including operational policies that are more than service hours if there are pregnant women in an emergency who really have to be examined or helped. The Puskesmas still accepts the examination because the Puskesmas operational hours end at 14.00 WITA. Outside the health center's operating hours, midwives also provide 24-hour consultation services by creating a WhatsApp group for all pregnant women to ensure quick responses to complaints.

Social networks, as an important source of information, can help to improve women's self-care processes during pregnancy and postpartum. Women during pregnancy and postpartum can easily find information about lifestyle, how to manage pregnancy side effects, manage psychological issues, and communicate with other pregnant women or the treatment team through social networks (Fatemeh D et al, 2022).

Through the WAG, respondents can ask midwives about complaints the mother has, about information the mother does not know, or about information that has not been proven true, without having to wait for the class schedule for pregnant women. In accordance with Ibnu's

(2021) research, the public understands that WA serves as a medium for filtering information, with the average public (82%) recognizing that it can clarify correct information and avoid hoax information (Saifulloh I et al., 2021).

Process

1. Flow of MCH Service

Maternal and Child Health (MCH) services carried out at the Tanjung Karang Health Center currently follow existing guidelines. However, there are still complaints about the length of the queue at the counter and the wait time for MCH services. This is common in health facilities, complaints about the length of time waiting in line to get services.

Waiting time for services is a problem that often leads to patient complaints across several health facilities. The length of patient waiting time reflects how the health facility manages service components that are tailored to the situation and patients' expectations. Good and quality service is reflected in friendly, fast, and comfortable service (Utami, 2015). One factor that can influence patient satisfaction at the puskesmas is waiting time, which can reduce satisfaction and result in worse service (Dewi & Marsepa, 2021).

Antenatal care service satisfaction is an indicator of the quality of antenatal care. Low satisfaction or dissatisfaction with antenatal care services hinders women from attending health facilities for prenatal care. Factors such as decreased frequency of visits, long waiting time to see a care provider, privacy issues, disrespectful treatment, and unplanned pregnancy cause low satisfaction with antenatal care services. In the future, I hope the findings of this research will lead to improvements in the quality of antenatal care services. If we cannot avoid those factors, dissatisfaction with antenatal care will prompt women to flee health institutions, and we will continue to have low antenatal care utilization (Seyoum K, 2022).

2. MCH Services

The quality factor of service *responsiveness* is characterized by officers' ability to provide services to patients quickly, from registration to receiving health worker services, so that patients' waiting time is short. Service opening hours in accordance with applicable regulations; disciplined health worker working hours will ensure that health worker services are available when treatment, examination, and medical action are required. This, of course, makes patients feel satisfied, because, in essence, they are sick and need medical help. According to the researcher's assumption, there is a significant relationship between health workers' ability and patient satisfaction. When health workers can solve patients' problems, patients are satisfied with the services provided.

MCH services need to ensure a combined focus on both service accessibility and the provision of high-quality care to achieve better outcomes. The results of the review underscore the importance of looking beyond raw coverage measures or health care utilization indicators. Comparing crude and quality-adjusted coverage of MCH interventions portrayed the existing gap between these estimates (Gebremedhin A F, 2022).

3. Decision on Place of Delivery

The results showed that distance was the main factor in deciding where to give birth. The availability and ease of reaching the service location, access to health facilities, and

transportation are among the family's considerations when deciding where to seek health services. Proximity to health facilities will not be a barrier to obtaining safe, high-quality, timely delivery services, especially in emergencies. The researcher's assumption that the situation is a situational reason for choosing a health facility as a place of delivery is very important to help prevent maternal deaths due to 3 (three delays, namely late decision making, late referral, and late treatment, which are indirect causal factors of maternal death.

Family support, especially from the husband, is highly influential in the choice of birth attendants. Mothers who receive full support from their husbands tend to prefer formal health workers. A supportive family can help in making more rational and informed decisions. This is in line with research by Simamora (2024), which shows a significant relationship between family support and the choice of delivery location.

Distance to the health care facility was one of the significant factors affecting the husband's involvement in the BPCR plan. Husbands who lived farther than 5 km from a health care facility were more involved. This finding is consistent with the studies conducted in Wolaita Sodo town. It is likely that husbands located less than 5km from the health center were less concerned about birth complications as they live closer to the health facility. This study showed that there is a significant association between prior arrangements of means of transportation and husband involvement in the BPCR plan. Accordingly, husbands who were arranging transportation before delivery were more likely to be involved in planning for birth preparedness and complication readiness. This might be due to the assumptions that being ready by planning and arranging one component of BPCR will prevent the delay in reaching a health care facility (Gulite T et al., 2021).

Output

The results showed that there was a decrease in delivery coverage at the Tanjung Karang Health Center. Only 1 out of 6 mothers decided to give birth at the Tanjung Karang Health Center. The service *input of* the MCH program was still lacking in terms of quantitative human resources, but the quality was adequate, the available facilities were felt to be complete, and the service policies implemented were also in accordance with the existing guidelines and SOPs. The researcher's assumption is that, in terms of MCH service, *inputs* are already well available to provide services optimally.

Then, in terms of process, there are still complaints about the long wait at the counter, which makes mothers feel bored and bored. The quality of service from midwives is perceived as good. Midwives must continue to promote or provide counseling to mothers, especially during ANC visits in trimesters I to III, that giving birth in health facilities is cleaner and safer and reduces morbidity rates, as well as infection rates in mothers and babies. The support of health workers is expected to change the knowledge, perceptions, and attitudes of mothers who are less informed about delivery services at Puskesmas, thereby increasing future childbirth coverage at Puskesmas.

Another problem that is a weakness in health services is the referral system, so that it is still the case that mothers give birth directly to the hospital, where referrals should be made to meet patient needs for specialty or subspecialty health services, hospitalization, emergency conditions, and additional

health services that are different from previous health facilities (Nurhayani, 2019).

The National Social Security System (SJSN) implements the concept of *managed care*, a structured, tiered, effective, and efficient referral system that applies the principles of quality control and cost control. Implementing the referral system requires strengthening health services at Primary Health Facilities (FKTP), as they serve as gatekeepers to patient access to care (Sutrisno et al., 2018). If it is not strengthened, the community will use advanced health facilities, leading to hospitals becoming "giant health centers" again (Rahma et al., 2015).

CONCLUSION

The main consideration of mothers in deciding not to give birth at the Puskesmas is a situational decision, namely the closer distance to other delivery service facilities so that mothers can get delivery services more quickly at the nearest health facility, so that they continue to improve delivery services including the availability of delivery rooms to increase the comfort of mothers during childbirth, besides that it is also necessary to educate pregnant women that delivery services at the Puskesmas are safe and in accordance with Normal Delivery standards.

In addition, there are still weaknesses in the referral system, so that mothers still deliver directly to the hospital, which should be done when Primary Health Facility (FKTP) resources are limited or when patient needs require specialized or subspecialized health services, hospitalization, emergency care, or additional health services.

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