

ISBN 978-602-73585-1-5



PROCEEDING BOOK

THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017



KEMENTERIAN
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**INNA GARUDA HOTEL YOGYAKARTA,
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ISBN : 978-602-73585-1-5

Published by
Health Polytechnic of Ministry of Health in
Yogyakarta 2017

Proceeding of
The 4th International Conference on Health Science 2017
“The Optimalization of Adolescent Health in The Era of SDGs”

Printed in
Yogyakarta
November
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**FACTORS RELATED TO DECISION MAKING CHOOSING PLACE OF DELIVERY IN
FAKFAK DISTRICT WEST PAPUA YEAR 2017****Bernadet Dewi Kusuma Harimurti Kunde**

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ABSTRACT

Delivery at a health facility. Ministry of Health policy, delivery should be assisted by health personnel in health facilities. It is necessary to factor factors related to the decision to choose where to go. The method of this research is cross sectional design using a quantitative approach. Data collection by interviewing respondents while visiting the home using questionnaires. Population of pregnant women in Fakfak District. Samples of pregnant women in the selected puskesmas area. Statistical test of univariate, bivariate and multivariate analysis. The results of the study there is a significant relationship between education, knowledge, economic status and perception with the decision of choosing the birthplace. The most moderate factors are education and perception. It is recommended to improve health facilities as a place of birth.

Keywords : *Utilization of Health Facility; Selection of Delivery; Delivery at A Health Facility*

INTRODUCTION

Success in efforts to maternal health among which can be seen from indicators Maternal Mortality Rate (MMR) .The failure of indonesia to reach the MDGs 2015 target in lowering MMR namely from 390 every 100.000 live birth, in 1991 became 102 every 100.000 live birth,in 2015 make indonesia must be more work hard in lowering the number of MMR that has been set a target SDGs through 2030 to 70 every 100.000 live birth.This clearly become work that heavy considering the position of MMR in Indonesia according to results of a survey the census of the population between (SUPAS) 2015 is 305 of maternal deaths every 100.000 live birth.This indicator not only capable of judging program maternal health , moreover capable of being assessed degrees of community health , because sensitifitasnya on improvement of health services , either from the side of accessibility and quality ^[1.2].

Demographic and health survey Indonesia of 2012 suggests that has a decline in MMR in Indonesia happened since 1991 to 2007 , namely the 390 be 228.However ,SDKI in 2012 increased significant battery that is being 359 maternal mortality every 100.000 live birth. MMR showed the back into 305 maternal mortality every 100.000 live birth based on a survey between (the census supas) 2015^[3].Cause of death mother - various kinds of but the direct causes of maternal mortality actually happens when delivering mostly threatening because predictable.Morbidity and mortalitas caused complication obstetrics directly occur during deliveries.Cause of death the highest and the lowest bleeding 30,3 % , hypertension 27,1 % and infections 7,3 % ^[4].The factors are stressed that childbirth have to assisted by paramedics who profesional , because one of indicators to prevent death mother is through childbirth helped health workers and held in health facilities and thus if there is complication will be more easily performed management is quickly and correctly .

The facility of the help health as a place of delivery is one important factor to bring the death rate down mother.Pregnant women who do not health facilities as a place of

childbirth risky to do not have adequate obstetrics and neonatal services. Childbirth carried out at home or at the health facilities may have the same occasion having obstructed, but may be different outcomes. Delivery by health workers will having obstructed by 50 %, and that could endanger the mothers and their babies if delivery held in the home that limited with the right conditions .

The Health Minister Republic of Indonesia no .97 in 2014^[5], health services before pregnant, the pregnant, childbirth and the after giving birth, the contraceptive service, and sexual health services. On the third about delivery, the first verse said that delivery to do in health facilities. Similarly in 2016 the Issuance of Health Minister Republic Of Indonesia no.39 years 2016 on guidelines for the program the Healthy Indonesia Family, in article 3 paragraph 1b states that do birth mother at the health facilities^[6]. Thus but it is quite clear that delivery to do in health facilities in addition to helped by health workers skilled. In the strategic plans of the ministry of health years 2015-2019 it is stipulated that childbirth health care facilities as an indicator mother health effort , replace help delivery by health workers^[7].

Indonesia Health Profile 2015^[3] shows that childbirth who are helped by health workers and was conducted in health service facilities in indonesia reach 79,72 %. Nationally this has meet the target controls 75 percent of the strategic plan. Yet they still there are 18 (52.9 %) province of those who do not meet the target. A province in Yogyakarta having 99,81 % highest goals set by as much as, while for West Papua 31,87 % occupying ranking bottom three after Papua and Maluku. The scope of helper delivery by health workers in 2013 and as many as 90.88 % respectively in the year 2015 fell to 88,55 %, compared to the number of deliveries attended at the health facilities by 2015 namely 79,72 % we can see that there are still paramedics who do help childbirth not in health service facilities .

Based on the 2016 district fakfak^[8], delivery health workers trained reached 87,87 % in 2016 while in 2010 has reached 91,66 %, this suggests a decrease in achievement. While the delivery was health facilities in 2011 reached 54,4 % while childbirth at home is 46,6 % and in 2016 increase in facilities delivery health being 69,9 %. Thus there is still 30,1 % childbirth performed at home. Despite the increasing the but still stayed targetlessrenstra as 75 %.

The study shows that the scope of delivery by health workers , the maternity election and factors affect the delivery election is important. Then the researcher willing to make research on factors dealing with decision making chose the delivery of the district fakfak west papua.

THEORETICAL

Indicators maternal mortality influenced the status of health have generally, education and services during pregnancy and childbirth^[3]. In poor countries, about 25 - 50 % women who die fertile caused matters relating to pregnancy. Death when bring forth usually a major cause mortalitas young woman in the top its productivity^[9]. The who data , some 99 % maternal mortality the problem childbirth or births still take place in developing countries. The maternal mortality ratio in the country developing countries is highest with 450 maternal mortality every 100.000 live birth compared with ratio maternal mortality 9 industrialized and 51 commonwealth countries 10. It is estimated that every year 300.000 mother died while giving birth to the world. Some cases 99 % maternal mortality happened in developing countries. It is based on the report released United Nations Population Fund (UNFPA) of the study was conducted in 50 countries worldwide including indonesia^[10].

MMR in indonesia since 1991 until 2007 decreased from 390 be 228 every 100.000 live birth. However, in 2012 SDKI back noting the rise in MMR significant , namely from 228 become 359 of maternal deaths every 100.000 live birth. MMR back showed a decline to 305 of maternal deaths every 100.000 live birth based on a survey the census of the population between (supas) 2015^[3].

Five cause of death of bleeding mother, hypertension in pregnancy, infection, long delivery/ stalled, and abortus. More than 25 % maternal mortality in indonesia in 2013 caused by hypertension in pregnancy. First place was bleeding is due to 30.3 %.^[1] Indonesia s maternal mortality caused by a factor of directly or indirectly. The direct causes include: bleeding, eklamsia, infection, complication the puerperium, abortus, childbirth long / stalled, embolism obstetrics, another other. Cause is indirectly include: pregnant women became very chronic energy (pops) 37 %, anemia (hb less than 11gr %) 40 %. In addition some for the indirectly relate to health problems mother namely: “4 too” in childbirth namely: too young, too old, too often and too much. “3 late” namely: late judge, late to be sent to area health, and late access to health services. Of various penyebab maternal mortality the direct causes the maternal mortality actually happens when delivering and could threaten because predictable^[11].

Target strategy to lower maternal mortality rate among them is the increase in the percentage of childbirth at the health facilities as much as 85 %^[7]. While the government strategy in lowering mmr one of them is the program planning prevention childbirth and complications (P4K) . The program focused on the concern and the role of family and community efforts in the conduct of early detection , avoid health risk for pregnant women , as well as providing access and service kegawatdaruratan obstetrics and neonatal in the level of basic puskesmas (PONED) and obstetrics service kegawatdaruratan and comprehensive in neonatal hospitals (PONEK) . In its implementations, P4K is one element of alert village. P4K be introduced by the minister of health in 2007. The implementation of the P4K in the villages it should be ascertained to be able to help family in making planning deliveries good and increase preparedness family in the face of tocsin pregnancy, childbirth, and postpartum that can take appropriate action.

The strategic target to decrease the Maternal Mortality Rate (MMR) is to improve the percentage of delivery in healthy facilities 85%. Meanwhile, one of the government strategy to decrease Maternal Mortality Rate is Delivery Planning Program Complication Prevention (PAK) . Such program is emphasized in caring and the role of family and society in effort to carry out the early detection to avoid the healthy risky for the pregnant women as well as to provide the access of and obstetric emergency service and basic neonatal in local government /clinic (PONED) and obstetric emergency service and neonatal comprehensive at hospital (PONEK). In the implementation ,Delivery Planning Program Allert. The implementation of Delivery Planning Program is begun recognizing by Healthy Minister o Republic Indonesia in 2017. The implementation of Delivery Planning Program in those villages need to be certain in order to be able assist the family and make the delivery program run well and to improve the readiness of family in facing pregnancy endanger sign, delivery and parturitium in order they can take an ction accurately.

The regulation of Government Health of Republic Indonesia No 47 in 2016 states that healthy service facility is a tool and a place which is used to carry out healthy service effort either preventive, or currativewhich is done by central government, local government and society^[12]. Healthy Service Facility is conducted service healthy in form individually and society. Healthy Service Facility nowadays consists of many types, either organized by the government or private with each level and type. Generally, healthy which spread in Indonesia enterly disscusion influences directly with mother healthy service and the babies especially prenancy, delivery, parturitium consist of PONEK Hospital, local government clinic, Polindes and Independence Practticed Widwife.

METHODS

The reseach is conducted by using Cross Sectional^[13]. The amount of sample is counted based on the formula of hypothesis test with 2 propotion with strong of test is 95% and meaningful degree is 5%^[14]. The chosen sample is conducted by multisage sampling^[13] is chosen 330 pregnant women respondents. Doing an interview using

questioner when they carry out home visit. The research is done on May 2017. The data is analyzed, univariate, bivariate with chi-square and multivariate that used double logistic regression test^[15,16].

RESULT AND DISCUSSION

1. Decision Making Choosing Place of Delivery

It is found that from 330 respondents there is 119 respondents (36.1%) decide to do a delivery at home, 9 respondents (2.7%) choose polindes, 54 respondents (16.4%) choose local government clinic and 1 (0.3%) respondent choose independence practiced wife and 147 respondents (44.5%) choose the hospital as a delivery place.

2. The relationship of predisposition with a decision to choose a delivery place

a. Age

The result of research showed that the respondents' age are between 13 to 43 years old are categorized as unrisks age namely 20 to 30 years old and more than 35 years old as many as 58 respondents (17.6%). Analyzing result is known that from 58 respondents within risks age, there are 19 respondents (32.8%) which choose a delivery place not in a healthy facility and 39 respondents (67.2%) choose a delivery in a healthy facility. Meanwhile, from 272 respondents within unrisks age, there are 100 respondents (36.8%) with chose a delivery not in a healthy facility. The result test of bivariate is showed that respondents within unrisks age (<20 to > 35 years old) are tend to use a delivery in a healthy facility compared with unrisks age (20 to 35 years old). Whereas, the result of test chi square is obtained that there is a meaningful relationship between the age with the decision to choose delivery place. Thus, it is seen that the benefit of healthy facility as a delivery place is not influenced by the age. Whereas, the age is quite related to pregnant risk and delivery is an indirectly cause the mortality of mother which is known as "too young" such as too young (< 20 years old), and too old (>35 years old).^[11]

Theoretically, age is quite related to pregnant risks as explained above, although this research does not have a meaningful relationship with the decision to choose a delivery place. But there is 32.8% respondents with unrisks age and 36.8% respondents with unrisks age are still chosen not a healthy facility as a delivery place, is known that either risks age or unrisks age are quite unsafe if the delivery is not conducted in a healthy facility because the pregnancy complication often take place which is unpredictable and need a serious handling. Due to, there is still lack of awareness of society about pregnancy risk which is conducted in a healthy facility.

The result of research by Khudori (2012) research is stated that there is no meaningful relationship between the age and a decision to choose a delivery place in IMC Hospital^[17]. But it is not in accordance with the research of Gusti I (2006) that is stated that there is meaningful relationship between age and a decision to choose a delivery place^[18].

b. Parity

Respondent parity ≤ 3 as many as 277 respondents (83.9%) meanwhile parities which are more than 3 are found 53 respondents (16.1%). The relationship of analyzed result between a decision to choose a delivery place in Fakfak is recognised that unrisks parties respondents are found 180 respondents (65.058.5%) which choose a healthy facility as a delivery place and risks parties

respondents are found 31 respondents (58.5%) which choose a healthy facility as delivery place. This data shows that unriskey parties are tendt to choose a healthy facility as a delivery place compared with risky parties respondents. Thus, the result of Pambudi (2010) research which states that there is a significant relationship between parity and benefit of healthy which provides a delivery service in Omben District and Campolnh, in Sampang Regency.

c. Education

The result of research , it is known that respondents with low education (beneath SLTP) are found 142 respondents (43.0%) and high level of education (SLTA to College) are found 188 respondents (57.0%). The result of analize shows that respondents with hidh level of education 140 respondents (74.5%) are more disposed to choose a healthy faciility as a delivery place compared with respondents with low education 71 respondents (50.0%).

From the result test of *Chi Square* 0.000 ($p < 0.05$) which means that there is a meaningful relationship between education and a decision to choose a delivery place . This matter is supported by OR value (Odd Ratio) as many as 2.917 which means respondents with high level of education tend to choose give a birth in a healthy facility 2.917 times compared with respondents with low level of education. From the research can be seen that the higher level of education respondents better to make a decision to chose a delivery place and the lower lever of education respondents than most to make a decision to choose a delivery place. It can be concluded that the educated women try to seek the high helthy facility and have a high ability to get a good result of delivery. The statistical result is in balanced with the theoritical result that education factor is variable which is influence organized behaviour in its individual to get more independence to reach the goal of healthy. The basic concept of education is a study process which means the forms of growing level , the development or alteration, better and mature in its individu, group, or society^[20].

Healthy education is a study process for unknown individu about the healthy value and are not able to solve individual healthy problems to become more independence. The study process of an individu to increace their knowledge it can be develop not only through formal education but also through non formal education in form of healthy educations, seminar, and healthy training^[20]. This matter is in accordance with a research conducting by Handayani (2004) which is stated that there is a meaningful relationship between a decision to give a birth at hospital with predisposing factor (education)^[21]. Thus, The result of Retno (2005) shows that the level of education have a meaningful relationship with a decision to choose delivery place^[22].

d. Occupation

A great number of respondents are unworkers house wife namely as many as 258 respondents (78.2%),whereas workers house wife are found 72 respondents (21.8%). The result of analysis is known that the proportion of workers respondents are found 47 respondents (65.3%) have chosen a healthy faciiliy s a delivery place and 164 unworkers respondents (63.6%) choose a healthy facility as a delivery place.

The result of test *chi square* is obtained P value 0.898 ($> 0.05\%$) which is meant that there is no meaningful relationship between the occupation of respondents with the decision to choose a delivery place. OR value 0.898 which means workers respondents will tend to choose a delivery place not in a healthy faacility 0.898 compared with unworkers respondents. Based on the result of analysis above , the occupation of respondents can not be claimed as a

standardize measure a decision to choose the better place to do a delivery process. Either the workers respondents or unworkers respondents. But there is still about 94 unworkr respondents (36.4%) and 25 workers respondents (34.7%) are still choose a healthy facility not as a delivery place. It is caused by by hbitual delivery assitance which is conducted at home even by trained healthy workers. According to the respondents, i the delivery process conducted at home they will be supported by their family or relatives when they compare with a delivery process in a healthy faacility. The result of the research ith suitable with Kudhori (2012) research, that is stated that there is no infuence between the occupation with the decision to give a birth at Hospital IMC Bintaro^[17]. Thus, a research which is done by Pambudi (2010) which is stated that there is no meaningful relationship between mother occupation with the benefit of healthy facilities which are provided delivery facilities in Omben District nd in Camplonh in Sampang Regency^[19].

e. Knowledge

Most of the respondents have a knowledge dealing with pregnancy and delivery. It can be proved by the great number the respondents as many as 255 respondents (77.3%), meanwhile there are about 75 respondents (22.7 %) are still having the lack of knowledge about such matters. It is shown that 52.7 % respondents know that baby is taken a bath after giving a birth about 6 hours, 57% respondents don't know that bleeding during a pregnancy phase can endanger the baby and mother 60.0% respondents are known that the normal process of giving a birth can be taken for 24 hours, 60.6% respondents are known that the pregnant women less than 18 years old are getting more risky than 25 years old and 61.8% mother are known that vomit in the age of pregnancy about 6 months can be categorized as unnormal condition. Thus, less than 62% respondents give the right answer from some questions dealing with such aa lack of knowledge.

The result of analysis shown that the respondents which having a better knowledge tend to choose a healthy facily as delivey place compared with the respondents who hving low knowledge. The statistical test is obtained that the result of *P Value* 0.020 (<0.05) which is meant that there is a meaningful relationship between the knowledge of respondents with decision to choose a delivery place in Fakfak Regency. It is supported by OR value (Odd Ratio) 1.913 which means that the respondents who are having a better knowledge have an opportunity 1.913 times to choose healthy facility as a delivery place comparing with the respondents who are having lack knowledge. The result of research is in accordance with a theoy states that the level education of someone for a matter having a level/degree which placed someone placed someone to act an information or action to be clarified. The higher level of education of someone for certain terms will indicte the behaviour and action to be taken to carry out the response for the information received . It is Iso supported by Baby and Mother Healthy in LOCAL Government Clinic namely pregnant mother dealing with the process of pregnancy, delivery,even the treatment o baby . But the respondents are still having lack of knowledge about time bathe a newborn baby, due to the bleeding on pregnancy, the normal delivery, the long of normal delivery, pregnancy risky age and vote which is occured to the pregnancy after 16 weeks , proved by less of 62 % respondents who give the right answer relates to this terms. Thus, it is needed morre healthy promotion dealt with such terms. Moreover, it is needed more healthy promotion dealt with such terms. In accordance with the research that is conducted byRetno(2005) which states tht knowledge has a relationship with the selection of delivery service^[22]. Thus, a

research done by Gusti (2006) states that there is a meaningful relationship between knowledge and the selection of a delivery service^[18].

3. Supporting Factor Relationship With The Selection of Choosing A Delivery Place
a. Economic Status

A great number of respondents with low economic status which has an average income less than Rp 2.421.500 as many as 254 respondents (77.0%), whereas the respondents with the average of income more than Rp 2.451.500 which is come from high economic status as many as 7 respondents (23.0%). The result of research shown that as many as 57 respondents (23.0). The result of research shown that as many as 57 respondents (23.0%) are come from high economic status and the rest come from low economic status choose a healthy facility as a delivery place.

The research of *Chi Square* is obtained P. Value 0.029 (<0.05) which means that there is a meaningful relationship between either respondents economic status with the decision to choose a delivery place in Fakfak Regency. It is supported by OR Value (Odd Ratio) 1.948 which means the respondents with high economic status have an opportunity 1.948 times not choose a healthy facility as a delivery place compared with respondents of low economic status. Based on the result of respondents economic status analysis it is a measurement in selecting a delivery process . It is also supported by 100 respondents (38.4%) with low economic status and 19 respondents (25.0%) with high economic status which choose a delivery place do not carry out in healthy facility. Even though, in a fact of the policy of healthy government is focussed on the quality of Primary Health Care especially through the development of healthy guarantee, the improvement of access and the basic healthy service quality and the reference which is supported by healthy system treatment and the development of healthy fund^[11]. But the respondents are still choosing home as a delivery place. Some reasons are found so the respondents do not choose healthy facility as a delivery place. The reason is that the respondents said that a delivery place at home is more comfortable, because they don't need to prepare everything they needed at hospital, including transportation. Such matter is in accordance with the research of Gusti (2006) which states that economic status has a meaningful relationship with the selection of delivery place^[18]. But it is different with the research of Pambudi (2010) which states that economic status do not relate to the benefit of healthy facility that provides a delivery place^[19].

b. The Cost of Pregnancy

A great number of respondents do not pay a delivery cost namely as many as 246 (74.5 %) . It is due to the reason almost the respondents have possess BPJS Healthy Card but as many as 84 respondents (25.5%) who pay the delivery cost and those who have an opinion that the cheap cost delivery are obtained as many as 51 respondents (15.5%) and as many as 33 respondents (10.0) have an assumption that the cost delivery is expensive. The result of relationship analysis between in Fakfak is known that from 246 respondents who do not pay the cost of delivery , it is obtained 60.6% choose to give a birth in a healthy facility and 51 respondents (15.5%) who paid the delivery cost but their assumption is cheap, there are 70.6% choose to give a birth in a healthy facility and even 33 respondents are paid the delivery cost but people assume that it is expensive, as many as 51.5% choose to give a birth in a healthy facility.

The result of analysis shown that there is a meaningful relationship between the delivery cost with a decision to choose a delivery place with P. Value between

those either do not pay or pay the cost have an interpretation that it is cheap as many as 0.159 (> 0.00) and those who do not pay have an interpretation that it is expensive as many as 0.079 (> 0.050). OR value (Odd Ratio) between either do not pay or pay have an interpretation that it is cheap as many as 1.690. Thus, those who do not pay have an opportunity 1.690 times choose healthy facility as a delivery place compared with those who pay the cost and have an assumption that it is cheap and OR Value (Odd Ratio) who do not pay with those who pay the cost but they assume that it is expensive as many as 0.079. It means that those who do not pay have an opportunity 0.079 times to choose a healthy facility as a delivery place compared with those who pay and assume that it is expensive.

Even though, there is no meaningful relationship statically it is still having as many as 88 respondents (35.8%) do not pay the delivery cost and 15 respondents (29.4%) pay the delivery cost but they assume that it is cheap even 16 respondents (48.5%) who pay delivery cost and assume that it is expensive still choosing not a healthy facility as a delivery place. With the presence of BPJS Card, it should not become a problem. Another respondents have to spend the delivery cost precisely when they give a birth in a healthy facility because the respondents choose to give a birth at home but they contact the healthy workers to assist a delivery and it is paid. Whereas, if the delivery is being helped because the respondents choose to give a birth at home but they contact the healthy workers to assist the delivery and it is paid. Whereas, if the delivery is being helped by the healthy workers, so it can be claimed to be paid with appropriate standardize. The reason of respondents is because it is more trusted and comfortable if it is assisted by the healthy workers if the delivery is conducted in a delivery facility. It is not guarantee even they won't see the healthy workers. The research is suitable with Kudhori (2012) research with the result there is no relationship the cost service to a decision to give a birth in Bintaro MC Hospital^[17].

c. The Distance To Healthy Facility

The distance of respondents location to healthy service facility is categorized near as many as 156 respondents (47.3%) and the distance to a healthy facility is categorized near as many as 174 respondents (52.7%). The result of analysis relationship between the distance to a healthy facility with a decision to choose a delivery place. It is known that the respondents with a distance to a healthy facility is near as many as 61.5% choose a healthy facility as a delivery place.

Based on the test result *P. Value* ($> 0.05\%$) which means that there is a meaningful relationship between the distance to a healthy facility with a decision to choose a delivery place. From the analysis result shown that the distance to a healthy facility is not influence to choose a delivery place, whereas it is occurred that the respondents with far away healthy facility are still choosing a healthy facility. As a delivery place because it is more protected themselves with healthy facility, meanwhile the respondent with near distance assume that the delivery is safety to do at home even it is helped by trained healthy workers and if something happen it will be easier to get the healthy facilities. Whereas it is related to the risk of give a birth at home or not in a healthy facility, if when the complication happen the proses of giving a birth is happening. So "3 late" namely : late to take a decision, late to send to the delivery place and late to get the healthy facility will take place and endanger the soul of mother and her baby thus, the healthy facility such as polindes as a proper place of delivery which mostly existed in every villages but only two polindes which is used as a delivery place meanwhile the

others are only use as a place for checking ante natal care (ANC) simple treatment, thus the assistance of delivery still done at the patients home, besides, they are suggested to local government clinic or hospital with an adequate long distance the research is a accordance with the result of Khudori research (2012) which states that there is no influence the distance to the hospital with a decision to delivery in Bintaro IMC Hospitas^[17].

4. The Relationship of Need Factor With Decision Making Choosing Place of Delivery
a. Safety Delivery Perception

The respondent with good perception about a safety delivery as many as 289 respondents (87,6%) whereas only 41 respondents (12,4%) are having lack perception. But there are 29,4% respondents have a perception that the baby from the process of giving a birth in a healty facility it must be healt, if they are found long delivery stall the process of delivery is ran well 44,8% respondents that a baby is giving a birth in a healty place must be health is 51,8% respondents assumed that giving a birth by using expensive healty facility 54,2% assumed that the family should prepare million rupiahs of money to give a birth at hospital and 55,2% assumed that knowing endanger sign to avoid lateness to look for an assistance. Thus, they are still less of respondents perception for such things, which proved with the right answer for some quetion less than 60%. The result of frequency analysis, a safety delivery perception by making a desicion childbirth. Its is known that from 41 respondens with less perception, as many as 28 respondents (68,3%) choose to give a birth not in a healty facility and 13 respondents (31,7%) chopse to give a birth in a health facility. Meanwhile, from 289 respondents have a good perception, as many 91 respondents (31,5%) choose to give a birth not in healty facility and 198 respondents (68,5%) choose to give a birth in a healty facility. The result of Chi Square test is gained by P Value/ Asymp.sig (2-sided) as many as 0.000, because P Value < 0,05 so there is a meaningful relationship between safety delivery perception respondents with make a decision childbirth in Fakfak West Papua in 2017. Supporting by OR value (Odd Ratio) 4,686 which means respondents with less perception have an appportunity 4, 686 times to choose not a healty facility as a delivery compared with respondents with good perception. The respondents perception are still decrease about safety delivery especially relates to risky delivery which is predictable either mother or the baby, giving a birth in an expensive healty facility, so the family should prepare a million rupiah of money to give a birth at hospital and known the endanger sign to seek an assistance. Thus it is acovdance with Pambudi (2010) with the benefit of healty facilities which provided delivery facilities in Omben and Camplonh in Sampang Regency^[19].

b. Pregnancy Complication

A great number of respondents in pregnancy complication yhere is no complication namely 289 respondents (87,6%) and as many as 41 respondents (12,4%) are having a pregnant complication the result of relationship analysis between pregnant complication with make a decision childbirth in Fakfak know that respondents who do not have pregnant complication as many as 62,3% who choose a healty facility as a delivery place and respondents who choose prenant complication as many as 75,6% decide to choose healty facility as delivery place compared with respondents who do not have pregnant complication. The result of test Chi Square P Value 0,136 (>0,05) so there is not meaningful relationship between pregnant complication with a desicion childbirth the value of OR (Odd Ratio) 1.877 wich means that respondents which do not have a

pregnant complication have an opportunity 1.877 times to choose not a healthy facilities as a delivery place compared with respondents with pregnant complication is not become a standard the selection of delivery place, but there is still 109 respondents (37,7%) who do not have pregnant complication and 10 respondents (24,4%) with pregnant complication who do not choose as healthy facility. This is caused by the respondent feel if their pregnant is in good condition so the delivery process will run well. Thus the respondent who have pregnant complication felt that their condition is still safe if the delivery conducted at home meanwhile they usually check up the pregnancy regularly. The result is in accordance with Khudori (2012) with the result of research that states that there is no meaningful relationship between the risk of pregnancy with a decision childbirth in RS IMC Bintaro.^[17]

5. Factor Related to Make A Decision of Childbirth

The result of analysis is obtained that education variable (P Value 0.001) and perception of safe delivery (0.001) have a positive relationship with the making of decision childbirth. The result is consistently with the result of test bivariate which shown there is a meaningful relationship between education and safe delivery perception with making a decision childbirth. This matter shown that the higher level of education of respondents will choose to give a birth in a healthy facility and the better perception of getting respondents about safe delivery is to choose give a birth in healthy facility. Based on the result analysis above, the value of OR (Odd Ratio) shown that the respondents with high level education then to decide giving a birth in a healthy facility 2,391 times and who have safe and good perception about delivery tend to decide giving a birth in healthy facility 3,639 times. Thus, the high level education of respondent about safe delivery so it will make positive to choose childbirth namely more to choose a healthy facility as delivery.

From the result of analysis shows that a great influence of variable to make a decision is the perception of safe delivery with the number of coefficient 1,292 and OR as many as 3,639. It means that the patient who have a good perception about delivery place 3,639 times more beneficial the healthy facility as a delivery place than having lack of perception. Thus, the decision to choose a delivery place in healthy facility perception

It is obtained the number R² (R² Square) as many as 0,155 (15,5%). It shows that the percentage of contribute from variable education, knowledge, safe delivery perception and economic status to choosing variable to a delivery place. Whereas, the rest 84,5% is influence or clarity by another variable which is not put in the research model.

CONCLUSION

Based on the result of analysis and discussion of factors related to decision making choosing place of delivery in Fakfak district West Papua in 2017, therefore It can be concluded as follows :

1. The description of predispotion of pregnant mother in Fakfak regency is a half part do not a risky mother (20-35 years old), unriskey parity (<3 time give a birth), a level education start from SLTA to collage, some of them do not work, have a knowledge either. Pregnancy to delivery. Whereas, the supported factor namely economic status are still low, some of them do not have delivery cost, the distance to the healthy facility is relatively near and the need factor generally have good perception either safe delivery or some of them do not have pregnant complication.

2. There a relationship between education, knowlage, economic status, delivery cost and save perception delivery with making choosing place of delivery in Fakfak distric Weat Papua in 2017.
3. There is not relationship among age, parity, accupation, the distance to healty facility and pregnant complication with making choosing place of delivery in Fakfak distric Weat Papua in 2017.
4. The most relate factor to make a decision with making choosing place of delivery in Fakfak distric Weat Papua in 2017 is education and save delivery perception.

SUGGESTION

1. Fakfak District Goverment

The presence of minister of healty regulation No. 97 th 2014, dealing with healty services pre-pregnant, the pregnant, delivery and phase after giving a birth, contraception services even, sexuality healty services, thus it is need to state regulation of district deals with the regulation of ministrer of healty especially focussed on delivery it is should be assisted by training and competend healty workers to develop the benefictial healty facilities as a delivery plece to deacease delivery risky and to avoid the mortality of mother abd baby because of the complication of pregnancy.

2. Helaty Department of Fakfak District

A policy to the healty cervices facilities especialy a delivery place, even all the supported facilities and aquipments need to pay more attention and even the development of Primary Health Care to become Poned Primary Health Care in order that a delivery process can be done to reach the goal in decreasing the mortality rate of mother and baby.

3. Primary Health Care

The development of healty promotion espesially dealing with pregnancy, delivery, and the treatment of newborn baby including endanger sign even complication to be occured and the improvement of society qwareness to make a decision to give a birth in a delivery place and the people should realize that a delivery process need healty facilities as the first aid and to develop the function of polindes.

4. The Society Figure

People should have a right perception to avoid unproper thoughts such as a delivery process is still assisted by dukun to develop the awareness of pregnant women to make a decision of delivery place.

5. Researcher Extended

The dissetasion indicated that the study should still to be focussed on another impacts in deciding to choose a delivery place.

ACKNOWLEDGEMENT

The writer would like to express deeply gratitude to the respondents, the head Primary Health Care of Fakfak Tengah, Sekban, Kokas, Karas and Werba which have facilitated the writers of articles, journal and shor paper relate to the writing as a reference for the writer. Last but not least, the writer would like to thankful Prof. Dr. Anhari Achadi, SKM,. Sc.D for his guiding to the writer.

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