



Sociocultural Support Improved Safe Motherhood Practices among Mothers in Three Private Hospitals in Eastern Indonesia

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ABSTRACT

The importance of sociocultural support from both family members and health workers is crucial for pregnant women through to the postpartum period. The use of recording tools, such as the Maternal and Child Health book, is still not optimal in Eastern Indonesia. This is due to several factors, the non-compliance of health workers in filling out the books, the absence of husbands in caring for pregnant women, supporting them to antenatal examine and during labor, the belief that giving birth with a traditional birth attendant is sufficient, and a lack of involvement during the postpartum period. These factors pose significant challenges to efforts aimed at reducing maternal and child mortality through safe motherhood initiatives. This research was a quantitative correlational design with a cross-sectional approach. The study population included pregnant and postpartum women registered at three private hospitals in Eastern Indonesia. The sampling technique used was total sampling with 122 respondents. Data analysis was conducted using Chi-Square test. The results show a significant relationship between sociocultural support and safe motherhood practices, with a p-value of 0.004. Strong sociocultural support has a substantial impact on the implementation of safe motherhood practices and contributes to the reduction of maternal and child mortality.

Keywords: Mother, Safe-Motherhood, Sociocultural, Support

INTRODUCTION

The health issues of mothers and children remain one of the primary concerns in the field of healthcare in Indonesia. According to UNICEF, every three minutes, somewhere in Indonesia, a child under the age of five dies. Additionally, every hour, a woman dies due to childbirth or related pregnancy complications. Efforts to improve maternal and child health are among the priority programs aimed at reducing mortality rates and illness occurrences among mothers and children. To expedite the reduction of maternal and child mortality rates, efforts are focused on enhancing the quality of services and maintaining the continuity of maternal healthcare and referral services. Programs addressing maternal and child health issues are focused on reducing maternal and infant mortality rates (Lestari, 2020).

The number of maternal deaths in Indonesia from 2018 to 2021, mostly occurred in 2021, primarily due to Covid-19 (2,982 cases), hemorrhage (1,330 cases), and hypertension during pregnancy (1,077 cases). Other causes of maternal deaths include heart disease, infections, metabolic disorders, circulatory system disorders, and abortions (Ministry of Health of the Republic of Indonesia, 2022).

Significant factors influencing maternal mortality rates in East Nusa Tenggara are the proportion of healthcare providers to birthing mothers, the proportion of traditional birth attendants to birthing mothers. Throughout 2017, there were 167 maternal deaths in East Nusa Tenggara out of 138,429 deliveries. The highest maternal mortality rates was recorded in TTS Regency (32 cases out of 13,143 deliveries), while the lowest was in West Sumba Regency (1 case out of 3,940 deliveries). The coverage of the first antenatal care in East Nusa Tenggara was 1632.24%, with the highest coverage in Kupang City (100%) and the lowest in Malaka Regency (55.31%). The coverage of the fourth antenatal care in East Nusa Tenggara was 1230.93%, highest in Central Sumba (91.37%) and lowest in Malaka (33.11%). The percentage of deliveries attended by healthcare providers was 657.75%, highest in Southwest Sumba (84.75%) and lowest in Lembata (10.98%). The proportion of healthcare providers to birthing mothers in East Nusa Tenggara was 1.055972%, and the proportion of trained traditional birth attendants to birthing mothers was 0.844446% (Nggonde, 2020).

Previous research has shown that the level of maternal education significantly affects

the incidence of Low Birth Weight (LBW) babies in East Nusa Tenggara in 2017. However, age, place of residence, and maternal smoking status do not have a significant effect. The higher the maternal education level, the lower the likelihood of experiencing LBW incidents (Mayasari et al., 2020). The utilization of recording facilities using Maternal and Child Health (MCH) books is also not optimal in East Nusa Tenggara, mainly due to insufficient knowledge among midwives (75.5%). However, midwives have a positive attitude and have received training on the completeness of MCH books (100%), and supervision is already well-established. Therefore, it is expected that midwives will improve compliance in completing MCH books, considering the significant benefits of these books in providing services (Krull and Kurniasari, 2020). Additionally, in Eastern Indonesia, there is a lack of support from the mother's support system during pregnancy until the postpartum period. The absence of husbands or family members in caring for pregnant women, accompanying them for prenatal check-ups, attending the childbirth process at healthcare facilities, preferring traditional birth attendants, and involvement in the postpartum process are hindrances to efforts in addressing maternal and child mortality.

The Christian Health Service Association in Indonesia (PELKESI) is a religious-based institution mandated to promote holistic public health. Over the past 10 years, PELKESI has contributed to community and healthcare facility programs to ensure "No One Left Behind" in healthcare. From 2021 to 2023, PELKESI endeavors to actively participate in strengthening maternal and child health services as part of efforts to accelerate the reduction of maternal mortality, newborn mortality, and stunting. This is carried out through hospitals located in three districts: East Sumba and West Sumba (East Nusa Tenggara) and Maluku (Ambon City). Activities conducted include education and training through workshops, advocacy with local governments and integrated health post cadres in communities, as well as strengthening hospital governance in reducing maternal mortality and stunting, and addressing sexual violence.

Addressing maternal mortality cases is a global issue. The high incidence of maternal deaths has prompted WHO and other international organizations to launch The Safe Motherhood Initiative. In Indonesia, the Safe Motherhood program began in 2013, collaborating with hospitals as referral centers for handling obstetric emergency cases (Women & Children First, 2015). Safe motherhood behavior is

associated with Family Planning (FP), pregnancy examination and care, safe and secure childbirth, and essential obstetric services. Based on this background, the

aim of this research is examining the relationship between sociocultural support and safe motherhood practices.

METHOD

This study employed a quantitative correlational design with a cross-sectional approach. The population consisted of pregnant and postpartum mothers registered at three private hospitals in Eastern Indonesia, totaling 122 participants. A total sampling technique was used for sample selection. Data collection at the three hospitals was conducted in collaboration with research assistants assigned to each respective region. Informed consent was obtained directly from the respondents after the

research assistants provided a thorough explanation of the study. Data were collected through questionnaires distributed to the mothers, and validation was carried out through direct observation. This research received ethical approval from Ethics Office at Bethesda Health Sciences College, as stated in the approval letter No.046/KEPK.02.01/VI/2023. The data collected were in the form of ordinal scales and were analyzed using frequency distribution and the Chi-Square test.

RESULTS AND DISCUSSIONS

Result

Based on Table 1, the majority of respondents were aged 25–30 years, totaling 39 individuals (32.0%). Most were married at over 20 years of age, with 105 respondents (86.1%), and the majority were in the postpartum period in terms of maternal health status, totaling 72 respondents (59.0%).

Table 1 Frequency Distribution of the Characteristic Respondent

Category	Frequency	Percentage (%)
Age:		
20-25 years old	23	18.9
25-30 years old	39	32.0
30-35 years old	32	26.2
35-40 years old	19	15.6
40-45 years old	9	7.4
Marriage age:		
<20 years old	105	86.1
>20 years old	17	13.9

Category	Frequency	Percentage (%)
Maternal health status:		
Pregnant	50	41.0
Post partum	72	59.0
Total	122	100

Table 2 shows that 97 (79.5%) respondents were less of socialcultural support, and 25 (20.5%) respondents were have good socialcultural support.

Table 2. Frequency Distribution of Respondents Based on Sociocultural Support

Sociocultural Support	Frequency	Percentage (%)
Good	25	20.5
Less	97	79.5
Total	122	100

Based on tabel 3, the majority of the respondnets 65 (53.3%) had Unsafe motherhood practices and safe motherhood practices on 57 (46.7%) respondents

Table 3 Frequency Distribution of Respondents Based on Safe Motherhood Practices

Safe Motherhood Practices	Frequency	Percentage (%)
<i>Safe Motherhood</i>	57	46.7
<i>Unsafe Motherhood</i>	65	53.3
Total	122	100

Based on tabel 4, 58 respondents had less of socialcultural support and unsafe motherhood practices, for 39 respondents had less of socialcultural support and safe motherhood practices, 18 respondents had good of socialcultural support and safe motherhood practices, and 7 respondents had good of socialcultural support and unsafe motherhood practices

Table 4 The Relationship between Socialcultural Support and Safe Motherhood Practices

Sociocultural Support	Safe Motherhood Practices		Total	p-value
	<i>Safe Motherhood</i>	<i>Unsafe Motherhood</i>		
Good	18	7	25	0,004
Less	39	58	97	
Total	57	65	122	

Discussion

The characteristics of respondents in this study predominantly showed that most mothers were aged 25–30 years, with a

first marriage age averaging under 20 years, and were in the postpartum period regarding their health status. Based on Table 2, the frequency distribution of

socio-cultural support indicated that the majority of respondents experienced inadequate support, totaling 97 (79.5%), while 25 (20.5%) received good support. According to Table 3, the distribution of Safe Motherhood practices showed that the majority of respondents fell into the Unsafe Motherhood category, with 65 respondents (53.3%), while 57 (46.7%) were categorized under Safe Motherhood. Table 4 shows that among the 122 respondents, 18 with good socio-cultural support practiced Safe Motherhood, while 7 practiced Unsafe Motherhood. In contrast, among those with inadequate socio-cultural support, 39 practiced Safe Motherhood and 58 practiced Unsafe Motherhood. A p-value of 0.004 indicates a statistically significant relationship between socio-cultural support and Safe Motherhood practices.

The concept of Safe Motherhood encompasses efforts, practices, protocols, and service guidelines designed to ensure that women receive comprehensive care, including family planning, antenatal care, safe childbirth, postpartum care, and quality gynecological services. The Safe Motherhood program aims to maximize efforts to reduce the Maternal Mortality Ratio (MMR) resulting from pregnancy and childbirth (Ministry of Health of the Republic of Indonesia, 2022).

The socio-cultural barriers faced by mothers in implementing Safe Motherhood practices in this study are related to several factors, including cultural beliefs that prohibit visits to healthcare providers during pregnancy and delivery; the use of non-healthcare providers for pregnancy care and delivery assistance; adherence to specific dietary restrictions during pregnancy, delivery, and the postpartum period; participation in cultural rituals during these stages; and the requirement for approval from individuals other than the spouse or immediate family to access healthcare services for pregnancy-related check-ups. Social support from family and the community is also suboptimal for postpartum mothers, as close relatives often lack adequate understanding of the risks and complications that may arise due to insufficient health information. When postpartum mothers experience health complaints, families do not immediately bring them to primary healthcare centers. Instead, referrals to hospitals are only sought once the condition has worsened. These findings are consistent with the research of Media, Arifin, and Gusnedi (2015), who identified socio-cultural barriers to the implementation of Safe Motherhood practices, including limited knowledge among pregnant women about prenatal check-ups due to restrictions

imposed by husbands or family members, a preference for giving birth with traditional birth attendants, and challenges in postpartum care resulting from myths believed by mothers.

The social support identified in this study's Safe Motherhood activities includes attention from neighbors during pregnancy, delivery, and postpartum check-ups; community support for exclusive breastfeeding programs; and community encouragement for utilizing healthcare facilities during pregnancy, delivery, and the postpartum period. Primary healthcare centers have made extensive efforts to improve maternal and child health, including providing education to the community - particularly to pregnant and postpartum mothers. Although these mothers understand the information provided by healthcare workers, they are often unable to implement it at home due to a lack of support from their husbands.

Husbands, as the closest support system for pregnant and postpartum mothers, are often not involved in maternal and child healthcare. On average, mothers attend pregnancy check-ups alone, and even when accompanied by their husbands, the husbands do not actively support their wives during the check-ups or assist in understanding the health information provided. As a result, much of the advice

and information related to maternal and child health is not implemented at home as recommended. This lack of involvement also extends to broader community health activities, where husbands rarely accompany their wives for antenatal check-ups, child growth monitoring, family planning services, and other related care. Various factors hinder husbands' participation in maternal and child healthcare, including time constraints, lack of private space, work commitments, negative perceptions, the frequency of pregnancies and deliveries, workplace policies, healthcare facility regulations, and the behavior of the wives themselves (Limbong, 2022). Family support for pregnant women is essential, as it can significantly reduce maternal anxiety (Wirata et al., 2022).

Maternal and Child Health Records are not fully monitored due to frequent changes in mothers' places of residence, which are often influenced by cultural customs that require unmarried daughters to stay with their husbands until customary matters are resolved. As a result, scheduled pregnancy check-ups cannot be consistently conducted. In many cases, social activities are prioritized over healthcare visits, hindering healthcare providers from effectively fulfilling their responsibilities. Providers often have to wait for pregnant

or postpartum mothers to return from customary ceremonies or similar events before they can proceed with healthcare activities in village communities. The community's greater trust in traditional birth attendants compared to formal healthcare facilities presents a significant challenge for the government. Many people underutilize existing healthcare services; even those with adequate education may avoid regular check-ups or community health post visits, which can potentially contribute to increased infant mortality. The strong adherence of Indonesian society to cultural customs and traditions often leads to community activities taking precedence over healthcare appointments for pregnant women. Pregnant women and their families may also fear social exclusion if they fail to fully participate in customary events (Kartini et al., 2022). These cultural factors have both positive and negative influences on maternal health. Therefore, effective communication by healthcare workers delivered in a synergistic and continuous manner to encourage changes in attitudes and behaviors related to harmful pregnancy practices is essential. Such communication should adopt an adaptive approach that respects and integrates the positive values embedded in

the community's cultural beliefs (Ashriady et al., 2022).

CONCLUSION

Good socio-cultural support has a significant impact on safe motherhood practices to reduce maternal and child mortality rates from the early stages. The importance of healthcare professionals in assessing socio-cultural support for pregnant and postpartum mothers is crucial so that comprehensive support for mothers can be provided, enhancing maternal comfort during pregnancy and childbirth processes.

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