JOURNAL MIDWIFERY (JM)
Jurnal Jurusan Kebidanan, Poltekkes Kemenkes Gorontalo
P-ISSN (2407-8506), E-ISSN (2808-523X)
http://jurnal.poltekkesgorontalo.ac.id/index.php/JM/index
DOI: http://dx.doi.org/10.52365/jm.v2i1.650

Gender Relationship with Decision-Making Midwifery Services Facing Childbirth in Third Trimester Pregnant Women

Maria Butar Butar[1], Adriana Palimbo[2], Madschen Sia Mei Ol Siska Selvija Tambun[3]
[1,2,3] Universitas Sari Mulia, Jl. Pramuka No. 02 Banjarmasin, Kalimantan Selatan, Indonesia
Email: kandangancity86@gmail.com[1], adripalimbo@unism.ac.id[2], marunehutabarat10041979@gmail.com[3]

ABSTRACT

The maternal mortality rate in Indonesia is categorized as high, caused by gender problems, namely the inability of women in making decisions related to self-readiness to face pregnancy, and the selection of helpers before childbirth. The purpose of the study was to determine the gender relationship regarding midwifery service decision-making, facing childbirth in third trimester pregnant women at the Malinau Health Center. Analytical observational research methods are used, with a cross-sectional design. The study sample was totaling 45 people. The data was analyzed with the Chi Square test. As a result, 23 respondents (51.11%) made inappropriate decisions about choosing midwifery services. Gender roles were 24 people (53.33%) in the 'less' category. There is a significant relationship between gender roles and decision-making for midwifery services facing childbirth in the third trimester of pregnant women at the Malinau Health Center in 2023, where the p-Value value = 0.001 < α = 0.05 is obtained. It was found that there was a significant relationship between gender roles and decision-making of midwifery services facing childbirth in third trimester pregnant women. Health workers should be more sensitive to gender issues, in carrying out midwifery care for patients.

Keywords: Decision-Making, Gender Roles, Third Trimester Pregnant Women

ABSTRAK

Angka kematian ibu di Indonesia dikategorikan tinggi, disebabkan oleh adanya masalah gender, yaitu ketidakmampuan perempuan dalam pengambilan keputusan terkait kesiapan diri menghadapi kehamilan, dan pemilihan penolong menjelang persalinan. Tujuan penelitian adalah mengetahui hubungan gender terhadap pengambilan keputusan pelayanan kebidanan, menghadapi persalinan pada ibu hamil trimester III di Puskesmas Malinau. Penelitian ini menggunakan metode penelitian observasional analitik, dengan rancangan cross sectional dengan jumlah sampel sebanyak 45 orang. Data dianalisis dengan uji Chi Square. Dihasilkan 23 responden (51,11%) melakukan pengambilan keputusan yang kurang tepat memilih pelayanan kebidanan. Peran gender adalah 24 orang (53,33%) pada kategori kurang. Ada hubungan yang signifikan antara peran gender dengan pengambilan keputusan pelayanan kebidanan menghadapi persalinan pada Ibu hamil trimester III di Puskesmas Malinau Tahun 2023, dimana diperoleh nilai p-Value = 0,001 < α = 0,05. Disimpukan bahwa ada hubungan yang signifikan antara peran gender dengan pengambilan keputusan pelayanan kebidanan menghadapi persalinan pada Ibu hamil trimester III. Tenaga kesehatan seharusnya lebih peka terhadap issue gender, dalam melaksanakan asuhan kebidanan kepada pasien.

Kata Kunci: Ibu Hamil Trimester III, Pengambilan Keputusan, Peran Gender

*Maria Butar Butar, Universitas Sari Mulia University, Jl. Pramuka no. 02 Banjarmasin, Kalimantan Selatan, Indonesia
kandangancity86@gmail.com

INTRODUCTION

The psychological and emotional needs of pregnant women during childbirth are important conditions and time to prepare at the family level and society at large when entering a new role as parents. Coping with childbirth in a third-trimester pregnant woman requires an antenatal examination (ANC), which can be defined as the care given to a woman by trained medical personnel in advance during conception as well as during conception to justify the best state of health for the mother and toddler throughout pregnancy.

Antenatal care is one of the 4 foundational safe initiatives to promote and build good health during pregnancy and the early postpartum period. Quality midwifery improves the continuity of life and health of mothers and children. Fetal care also gives women the opportunity to communicate with their health care providers and increases their chances of using trained midwives or other professional staff (Tekelab et al., 2019).

Gender roles are one of the most important perspectives in the collection of statutes that adequately meet the different needs of life when dealing with different issues. The systems and processes that govern even the most personal decisions become something that is routinely done or done when individuals face various problems to meet their needs and fulfill life (Apriana et al., 2021; Lestari & Friscila, 2022).

In the study, it was stated that men's involvement in antenatal care (Maternal, Newborn and Child Health - MNCH) services is still low, despite better understanding or knowledge, but the achievement of Maternal, Newborn and Child Health (MNCH) services is required to meet higher targets. The determining factors in antenatal care services are environmental, socio-economic, and service systems based on the use of family and community participation (Sulaiman, 2021).

Based on data from the Maternal Health Report, South Hulu Sungai Health Office January-October 2022, as many as 2,895 people (78.82%) gave birth in health facilities (Dinkes Kab. HSS, 2022).

Some issues about births without using health facilities stem from gender issues, which relate to women's inability to make decisions about their own health, for example the determination of people who assist with their delivery. Related to the role and decision-making in midwifery services, especially regarding childbirth that will be faced by families and a third trimester pregnant woman, is still one of the serious problems. There are still many challenges in achieving access to health

services for mothers, newborns and children (Friscila et al., 2023; Nurdin et al., 2022).

METHOD

The research method used in this study is the observation analysis method with a Cross Sectional design. This research was conducted in the working area of the Malinau Health Center, Loksado District, South Hulu Sungai Regency, South Kalimantan Province, from November 2022 to January 2023.

The population used in this study is all third trimester pregnant women who are in the Malinau Health Center work area until November 2022, which is 45 people from the 2022 MCH report. The samples used in this study were all 45 third trimester pregnant women in the Malinau Health Center work area in 2022. The sampling technique used in this study used an total sampling method.

The data collection instrument used in this study was a gender role relationship questionnaire on decision-making in midwifery service delivery. This instrument is used to determine the relationship between gender roles and midwifery service decision making to face childbirth in third trimester pregnant women at Malinau Health Center. The relationship between gender roles and midwifery service decision-making to face childbirth in the third trimester of pregnant women can be seen from the significance value and contingency coefficient.

The instrument in this study was a questionnaire with closed questions. The questionnaires on gender roles and decision-making each consisted of 10 questions, based on the questionnaires that had been made. Gender roles are declared 'good' if the correct answer score >= 60%, and 'less' if the correct answer score < 60%. Midwifery service decision-making is declared 'correct' if the answer score is correct >= 60%, and 'incorrect' if the answer score is correct < 60% (Rusmini et al., 2018).

RESULTS AND *DISCUSSIONS*

Result

Table 1. Respondent Demographic Data

Respondent Demographic Data	Frequencies (n)	percentage (%)
Age (years)		
< 25	13	28,89
25 – 35	24	62,22
> 35	8	8,89
Employment		
housewives	24	53,33
Village apparatus	1	2,22
Farmers	13	28,89
Village secretary	1	2,22
Self employed	6	13,33
Education		
SD	28	62,22
SMP	10	22,22
SMA	3	6,67
Diploma	2	4,44
bachelor	2	4.44

Table 2. Midwifery Service Decision-Making in the face of childbirth (n = 45)

Decision-Making	Frequencies (n)	percentage (%)
Incorrect	23	51,11
Correct	22	48,89
Total	45	100

Table 3. Gender Roles in Facing Childbirth in Third Trimester Pregnant Women (n = 45)

Gender Roles	Frequencies (n)	percentage (%)
Good	21	46,67
Less	24	53,33
Total	45	100

Table 4. The Relationship between Gender Roles and Decision-Making Midwifery Services facing childbirth in third trimester pregnant women (n = 45)

		Decision-Making				Total		Asymp. Sig. (2-sided)	Contingency coefficient (r)
		Incorrect		Correct					
		F	%	F	%	F	%		
Gender Roles	Less	18	40	6	13,3	24	53,3	0,001	0,445
	Good	5	11,5	16	35,6	21	46,7		
Total		23	51,1	22	48,9	45	100		

Based on the Respondent Demographic Data table (Table 1), it can be seen that the age of the most respondents is 25–35 years old with a percentage of 62.22%, the most respondents' jobs are housewives 24 people with a percentage of 53.33%, the education of the most respondents is elementary schools (SD) 28 people with a percentage of 62.22%.

Based on table 2, showed that the results of the analysis of most respondents in the third trimester of the Malinau Health Center did not make the right decision in choosing midwifery services for midwifery. Of the 45 respondents, 23

respondents (51.11%) made the wrong decision and 22 people (48.89%) made the right decision to choose midwifery services in the face of childbirth.

Based on table 3, it shows that the results of the analysis of birth gender roles in the third trimester of pregnancy at the Malinau Health Center are mostly in the 'less' category. There were 24 respondents (53.33%) whose gender role scores were in the 'less' category, and 21 respondents (46.67%) who were in the 'good' category.

Based on table 4, with the results of bivariate analysis having a p-value (0.001) < 0.05, then Ho is rejected. It can be concluded that there is a relationship between gender roles and midwifery service decisions related to trimester delivery in pregnant women. The contingency coefficient shows a number of 0.455, so it can be concluded that the closeness of gender roles to decision-making in the third trimester of childbirth of third trimester pregnant women at the Malinau Health Center is moderate.

Discussion

The factors causing high maternal mortality are very diverse. Research shows that maternal prenatal care and education are important risk factors for death, poorly educated mothers have 3.3 times the risk of maternal death, and antenatal absenteeism (ANC) has a risk of 4.1 times (Indryani et al., 2023; Nanur et al., 2021).

In addition to the cause of death, the death of a mother can also be caused by decisions taken hastily, or not taken in the family (Damayanti et al., 2022; Rahmawati, 2020; Sulfianti et al., 2020). Time-consuming negotiations between family members (husband, parent and child) and neighbors can delay the decision to send the patient to the hospital immediately. Delays in referral decisions can be caused by families being late in realizing the high risk of maternal childbirth, late seeking obstetric help, late seeking transportation, and late decisions about hospitalization due to cultural factors (Nilakesuma, 2020).

The results of the study on the relationship between gender roles and decision-making of midwifery services facing childbirth in pregnant women, consistent with research which found that supportive family social behavior affects the behavior of pregnant women in predicting signs of pregnancy risk (Mailita & Ririn, 2022).

Family decisions are influenced by gender roles, in general in the family, the role of the husband is greater than that of the biological parents. Based on the results of the study, the researchers' recommendations are very important for pregnant women to know the correct application of gender roles to avoid gender

inequality in the family, and be able to choose the right health facilities for the safety of mothers and babies.

The role of the husband is very important in terms of ensuring access to health services, and accompanying the wife in pregnancy checks, as a form of prevention of emergency events from an early age. The importance of the husband's role as the closest person to pregnant women, is done by having high sensitivity, responding to every complaint experienced by pregnant women, such as nausea, pain, dizziness and weakness, and also encouraging wives to do regular pregnancy checks.

The results showed that the third trimester of pregnant women at the Malinau Health Center in 2023 were 21 people (46.67%) who had 'good' gender roles, and 24 people (53.33%) had 'less' gender roles. Of the respondents, 22 people (48.89%) made the correct decision to go to a midwife, and 23 people (51.11%) made the incorrect decision. Of those with 'less' gender roles, the majority made incorrect decisions regarding midwifery services from a birth perspective, as many as 18 respondents (40%).

These results show that pregnant women who have good gender roles have the potential to make the correct obstetric decisions. That is, when an expectant mother shares with her husband in making decisions about her childbirth needs, the decision is usually the right decision. On the other hand, with less gender roles, for example there is a unilateral decision between the husband or pregnant woman, usually the decision becomes incorrect (Handayani et al., 2020).

Family functions can only work well if there is a clear division of responsibilities for each family member, based on their status. The relevant division of labor is the division of roles to each family member (Agung, 2022). Married couples share roles in three areas, namely decision-making, family financial management and childcare; with a flexible role implementation process; And men have a greater role in decision-making, while women take care of financial management and children's education (Astuti et al., 2019; Handayani et al., 2020).

In marriage, the division of roles between men and women has an impact on mutual determination. This is reflected in whether men and women experience equal justice, which is reflected in the decision-making process. Furthermore, when men view the role of husband and wife as unequal, the husband's understanding of equality becomes a problem because it can lead to injustice against women and gender bias in decision-making (Hermanto, 2022; Isfandari et al., 2019).

CONCLUSION

The role of gender in the third trimester of childbirth care at the Malinau Health Center in 2022 is in the 'good' category of 21 people (46.67%), and 'less' as many as 24 people (53.33%). Most of the 3rd trimester pregnant women at the Malinau Health Center made the incorrect decision in choosing midwife services before delivery, namely as many as 23 people (51.11%), and 22 people (48.89%) made the correct decision. There is a significant relationship between gender roles and midwifery service decisions in the delivery of third trimester pregnant women at the Malinau Health Center in 2022 ($p = 0.001 < \alpha = 0.05$). In the value of the contingency coefficient = 0.455, it can be stated that the closeness of gender roles to decision-making in the third trimester of childbirth of third trimester pregnant women at the Malinau Health Center is in the medium category.

The assumption of researchers is to bring gender roles with midwifery service decision making facing childbirth in third trimester pregnant women. Health workers in carrying out midwifery care for patients are more sensitive to gender issues and can meet the balanced needs of services during pregnancy and childbirth both information and counseling services.

THANK YOU

The author would like to thank Mrs. Adriana Palimbo, Mrs. Madschen Sia Mei Ol Siska Selvija Tambun, and Mrs. Winda Maolinda, for providing direction, input and guidance in completing this research.

BIBLIOGRAPHY

Agung, T. (2022). Persepsi Masyarakat Terhadap Kesetaraan Gender dalam Keluarga. *SOSIOLOGIA: Jurnal Agama dan Masyarakat*, *1*(1), 51–66. https://ejurnal.iainpare.ac.id/index.php/sosiologi/article/view/3396

Apriana, W., Friscila, I., & Kabuhung, E. I. (2021). Hubungan Pengetahuan dan Akses Informasi dengan Tingkat Kecemasan tentang Kehamilan Selama Masa Pandemi Covid-19 pada Ibu Hamil di Wilayah Kerja Poskesdes Mantangai Tengah Kabupaten Kapuas. *Proceeding Of Sari Mulia University Midwifery National Seminars*. https://ocs.unism.ac.id/index.php/PROBID/article/view/701

Astuti, S. A. P., Edison, E., & Satria, P. H. (2019). Determinan Keikutsertaan Ibu Sebagai Akseptor Metode Kontrasepsi Jangka Panjang Pasca Persalinan (Studi Kasus di Fasilitas Kesehatan Tingkat Lanjutan Kabupaten Dharmasraya). *Jurnal Ilmiah Universitas Batanghari Jambi*, *19*(1), 65–70. https://doi.org/10.33087/jiubj.v19i1.553

Damayanti, E., Darojah, H., Friscila, I., Hasanah, S. N., Fitriani, A., & Tanzilal, S. N. (2022). *Intranatal Care and Independent Postpartum Isolation for Covid 19 Positive Patients at the Tamban Public Health Center: A Case Study*. http://ir.lib.ypu.edu.tw/ir/bitstream/310904600Q/19837/2/A8-5.pdf

Dinkes Kab. HSS. (2022). *Profil*

Kesehatan Kabupaten Hulu Sungai Selatan. HSS: Dinkes.

Friscila, I., Wijaksono, M. ., Rizali, M., Permatasari, D., Aprilia, E., Wahyuni, I., Marsela, M., Asri, N. ., Yuliani, R., Ulfah, R., & Ayudita, A. (2023). Pengoptimalisasi Pengggunaan Buku Kia Pada Era Digital Di Wilayah Kerja Puskesmas Kandui. *Prosiding Seminar Nasional Masyarakat Tangguh*, 299–307. https://ocs.unism.ac.id/index.php/semnaspkm/article/view/1058

Handayani, R., Hutomo, C. ., Kartikasari, M. N. ., Sinaga, L. R. ., Suyati, S., Saragih, H. ., Wijayanti, I., Aji, Y. G. ., Pujiani, P., Tasnim, T., & Argaheni, N. . (2020). *Dasar Kesehatan Reproduksi*. Medan: Yayasan Kita Menulis.

Hermanto, A. (2022). Menjaga Nilai-Nilai Kesalingan Dalam Menjalankan Hak Dan Kewajiban Suami Istri Perspektif Fikih Mubadalah. *Al-Mawarid: JSYH*, *4*(1), 43–56. https://doi.org/https://doi.org/10.20885/mawarid.vol4.iss1.art3

Indryani, I., Endriyani, A., Prihartini, S. ., Pebrianthy, L., Supriadi, R. ., Sembiring, R. N. ., Zubaeda, Z., Kumala, T. ., Suryani, S., Dewi, S. S. ., & Norisa, N. (2023). *Asuhan Kebidanan Pasca Persalinan dan Menyusui*. Medan: Yayasan Kita Menulis.

Isfandari, S., Siahaan, S., Wanggae, G., Widyasari, R., Kurniawan, A., Aryastami, N. K., Atmarita, & Pratiwi, N. L. (2019). dinamika jender terhadap akses pelayanan kesehatan maternal sembilan etnis di Indonesia. *Buletin Penelitian Sistem Kesehatan*, *22*(1), 1–9. http://ejournal2.litbang.kemkes.go.id/index.php/hsr/article/view/652

Kemenkes RI. (2020). *5 Fokus Masalah Kesehatan Tahun 2020*. Jakarta: Biro Komunikasi Dan Pelayanan Masyarakat.

Lestari, Y. P., & Friscila, I. (2022). Efektifitas Mengikuti Kelas Prenatal Yoga Terhadap Kesehatan Mental Ibu Hamil Di PMB Bidan Delima Wilayah Banjarmasin Timur. *Dinamika Kesehatan: Jurnal Kebidanan dan Keperawatan*, *13*(2), 1–7. https://garuda.kemdikbud.go.id/documents/detail/3193598

Mailita, W., & Ririn. (2022). The Importance of Early Detection of Pregnancy Signs and Hazards of Pregnancy in Pregnant Women at Andalas Public Health Center. *Jurnal Pengabdian Ilmu Kesehatan (JPIK)*, *1*(2), 30–34. https://doi.org/10.33757/JPIK.V1I2.11

Nanur, F. N., Laput, D. O., & Mbohong, C. (2021). Skrining Anemia pada Ibu Hamil Trimester 3 denga Alat Pengukur HB Digital di Puskesmas Pembantu Gumban. *JABI: Jurnal Abdimas Bhakti Indonesia*, *2*(2), 12–19. https://doi.org/https://doi.org/10.36308/jabi.v2i2.304

Nilakesuma, N. F. (2020). *Pengambilan Keputusan Terhadap Rujukan Ibu Bersalin*. Bandung: Media Sains Indonesia.

Nurdin, N., Saadong, D., Subriah, S., & Ningsi, A. (2022). Peran Gender dalam Pemilihan Penolong Persalinan. *Jurnal Kebidanan Malakbi*, *3*(1), 15–20. https://doi.org/10.33490/b.v3i1.484

Rahmawati, S. (2020). Batas Usia Minimal Pernikahan (Studi Komparatif Hukum Islam dan Hukum Positif). *Syaksia : Jurnal Hukum Perdata Islam*, *21*(1), 85–110. https://doi.org/10.37035/syakhsia.v22i1.2918

Rusmini, K., Asi, M., & Heyrani. (2018). *Hubungan Peran Gender dengan Pengambilan Keputusan Pelayanan Kebidanan Menghadapi Persalinan pada Ibu Hamil Trimester III di Puskesmas Landono tahun 2018*.

Poltekkes Kendari.

Sulaiman, E. S. (2021). *Pemberdayaan Masyarakat di Bidang Kesehatan: Teori dan Implementasi*. Yogyakarta: UGM Press.

Sulfianti, Indryani, I., Purba, D. H., Sitorus, S., Yuliani, M., Haslan, H., Ismawati, I., Sari, M. H. N., Pulungan, P. W., Wahyuni, & Hutabarat, J. (2020). *Asuhan Kebidanan pada Persalinan* (Edisi ke-1). Yayasan Kita Menulis. Medan. Indonesia.

Tekelab, T., Chojenta, C., Smith, R., & Loxton, D. (2019). Factors Affecting Utilization of Antenatal Care in Ethiopia: A Systematic Review and Metaanalysis. *PLoS ONE*, *14*(4), 1–24. https://doi.org/10.1371/journal.pone.0214848