

## Influence Husband's Support, Mother Perception to the Utilization of Delivery Waiting Home And Delivery Place

Mareta Bakoil<sup>1</sup>, Stefanus Supriyanto<sup>2</sup>, Toetik Koesbardiati<sup>3</sup>

<sup>1</sup>Doctoral Program of Health Sciences, Faculty of Public Health, Airlangga University, Indonesia

<sup>2</sup>Lecturer, Faculty of Public Health, Airlangga University, Indonesia

<sup>3</sup>Lecturer, Faculty of Social and Political Science, Airlangga University, Indonesia

### Abstract

**Background:** The phenomenon in Indonesia is still the number of mothers giving birth are not using health facilities and in favor by non-health personnel so that they can have an impact on Maternal Mortality Rate (MMR). South Central Timor is one of district in East Nusa Tenggara Province with the highest MMR rate of 290/100,000 live births. Indirect causes include access factors (economic, social, geographical, and transport), culture, health factors, affordability of information and the role of the family as an obstacle to achieving maternal health care facilities (WHO, 2008). The research objective is to analyze the influence of husband's support, and mother's perception to the utilization of Delivery Waiting Home and delivery place. **Methods:** observational analytic with cross sectional design. Sample size was 150 maternal. The sampling technique is systematic random sampling. Data analysis using PLS. **Results:** Husband's support influence to the search for delivery place with a T-statistic of 4.359; husband's support affect the utilization of Delivery Waiting Home and delivery place (T-statistic: 5.537); acceptance of the delivery place affect the search for delivery place (T-statistic: 4.599); and search for delivery place affect the utilization of Delivery Waiting Home and delivery place (T-statistic: 10.367). **Conclusions:** Use of Delivery Waiting Home and delivery place are influenced by the husband's support (emotional support, the provision of transport support, and costs support), admission to the delivery place (belief and trust maternal), and search for delivery place (birth attendant professionalism).

**Keywords:** Husband Support, Belief, Trust, Delivery Waiting Home, Delivery Place

### I. INTRODUCTION

Maternal deaths mostly occurred during childbirth, which is the postpartum period and puerperal with the main causes for bleeding, eclampsia, and infections (Say, 2014). Three main causes contributed approximately 60.0% of the total MMR. In addition, factor of three delay is too late recognize danger signs and take a decision, delayed access to health facilities and late to get help at health facilities contributed to high maternal mortality (Thaddeus and Maine, 1994). Most women experience delays recognize danger signs and take a decision, delayed access to health facilities due to social factors, poverty and demographics (Shah et al., 2009). One of the socio-cultural factors in East Nusa Tenggara Province include South Central Timor Districts that decision makers in the patriarchal family, namely by husbands included in the search for birth attendants, and delivery place.

The main cause of most the people in East Nusa Tenggara Province did not use services Maternal and Child Health (MCH) during pregnancy, childbirth, and postpartum are limited to physical access (covering distances of MCH services, geographic areas difficult, transportation problems, midwives are not in place, the trust and belief of hereditary against traditional birth attendants/TBAs), access to finance (high cost of delivery, transportation, and the need to work far from the settlement), and traditions. Based on these problems then, the supply of Delivery Waiting Home South Central Timor Districts is a groundbreaking effort that supports MCH Revolution program, with the aim to bring services, particularly deliveries in health facilities by trained health personnel. The research objective is to analyze the influence of husband's support and mother's perception to the utilization of Delivery Waiting Home and delivery place.

### II. METHODS

This study was conducted in South Central Timor Districts, East Nusa Tenggara Province starting in April 2016 to July 2016. Analytic observational research with cross sectional design. Sample size was 150 maternal. Inclusion criteria for this study covers all maternal in health facilities or non-health facilities, settle down more than one year, and willing to become respondents. Exclusion criteria that maternal were not in place when the research. Collecting data using questionnaires. The analysis used was descriptive analysis to describe the frequency distribution of each variable, and inferential analysis with PLS.

### III. RESULTS

The research variables measured in this study include the independent variable is husband's support, the acceptance of delivery and search for delivery place, and the dependent variable was the utilization of Delivery Waiting Home and delivery place.

### Descriptive Analysis

Table 1. Frequency distributions husband's support, belief, trust, birth attendance professionalism, use of Delivery Waiting Home and delivery place in South Central Timor District in April to July 2016

Variable categories	Frequency	
	f	%
Husband's support		
1. Less support (score 3-5)	27	18.0
2. Enough support (score 6-8)	28	18.7
3. Support (score 9-12)	95	63.3
Mother beliefs:		
1. Not belief (score 4-7)	31	20.7
2. Pretty belief (score 8-11)	47	31.3
3. Belief (score 12-16)	72	48.0
Mother trust:		
1. Lack of confidence (score 2-3)	21	14.0
2. Reasonably trust (score 4-5)	53	35.3
3. Trust (score 6-8)	76	50.7
Birth attendants professionalism:		
1. Less professional (score 3-5)	14	9.3
2. Professional enough (score 6-8)	17	11.3
3. Professional (score 9-12)	119	79.3
Utilization of Delivery Waiting Home and delivery place		
1. Not use	14	9.3
2. Utilize and maternity hospital	5	3.3
3. Utilize and maternity in community health centers	131	87.3

Table 1 shows that most (63.3%) husband's support to service delivery assistance, the mother has a belief (48.0%), trust (50.7%), the perception that birth attendants professionalism of 79.3% and most many (87.3%) of maternal utilize Delivery Waiting Home and maternity in community health centers.

### Inferential Analysis

Table 2. Outer loading values on the outer model of the husband's support, belief, trust mother, birth attendance professionalism, utilization of Delivery Waiting Home and delivery place in South Central Timor District

Variable Indicator		Original sample estimate	T-Statistic	Description
<b>Husband's support (X1)</b>				
X1.1	Emotional support	0.908	70.917	Significant
X1.2	Provision of transport support	0.923	67.949	Significant
X1.3	Cost support	0.918	65.343	Significant
<b>The acceptance of delivery place (X1)</b>				
X2.1	Belief mothers on delivery place	0.956	25.529	Significant
X2.2	Trust mother to delivery place	0.645	4.323	Significant
<b>Search for delivery place (Y1)</b>				
<b>Birth attendant professionalism (Y1.1)</b>				
Y1.1.1	Birth attendant competence	0.859	27.685	Significant
Y1.1.2	Attitudes and behaviors birth attendant	0.883	40.336	Significant
Y1.1.3	The service is fast and precise by birth attendants	0.811	21.629	Significant
<b>Utilization Delivery Waiting Home and delivery place (Y2)</b>				
Y2.1	Utilization Delivery Waiting Home and delivery place	1.000		Significant

Table 2 shows that, all indicators in each latent variable factor loading has a value above the suggested value was > 0.5. Least value is equal to 0.645 for X2.2 trust indicator mothers on delivery place. Means all the indicators used in this study is valid or has fulfilled the convergent validity.

Table 3. Value statistics on the inner model of the husband's support, belief, trust, birth attendance professionalism, utilization of Delivery Waiting Home and delivery place in South Central Timor District

No	Influence among variables	Original sample estimate	T-Statistic	Description
1	Husband's support -> Search for delivery place	0.306	4.359	Significant
2	The acceptance of delivery place -> Search for delivery place	0.314	4.599	Significant
3	Husband's support -> Utilization of Delivery Waiting Home and delivery place	0.287	5.537	Significant
4	Search for delivery place -> Utilization of Delivery Waiting Home and delivery place	0.630	10.367	Significant

Table 3 shows that, all influence between the latent variables influence significantly, with the T-statistic values > 1.96.

#### IV. DISCUSSION

##### A. Relationship between the husband's support to search for delivery place, utilization of Delivery Waiting Home and delivery place

Based on the results of the study showed that, the effect on the husband's support the search for delivery place, in this case perception of the maternal birth attendant professionalism. Husband's support has an important to maternal role. Husband's support (in the form of emotional support, provision of transport support, and costs support) given maternal to utilize the service of deliveries in health facility, can provide reinforcement and belief towards the mother. This is related to birth attendants professionalism, both related competencies, attitudes, behavior, and handling in service delivery at health facilities, it will increase the utilization of delivery that is in health facilities and Delivery Waiting Home. Utilization of health care services is affected by the search of good health and proper, which is supported by both the service component acceptability was professionalism and social culture in society (Levesque et al., 2013). According Obrist et al., (2007) and Levesque et al., (2013), the search for health services supported by one of the dimensions are derived from the provider that is acceptability. Acceptability relates to professionalism service, values, norms, culture and gender that allows a person to receive the service aspect and the emphasis on compliance person to seek treatment. Acceptability is also the attitude of the client relationship and service personnel about the characteristics of the provider as well as the extent to which clients feel comfortable with the characteristics of the provider (Penchansky and Thomas, 1981). Husband's support directly affects the utilization of Delivery Waiting Home and delivery place. This is probably related to communities in the South Central Timor District still running culture of patriarchy, the decision by the husband, included in the search helper and delivery place. So positive impact, which her husband gave support and was followed by the maternal to do what it decides. The results showed that, at most a husband supporting his wife to take advantage Delivery Waiting Home and maternity in community health centers, the husband less supportive, most utilize of Delivery Waiting Home. Support is provided in the form of husband drove the mother to the delivery place, to prepare and provide for the transport costs to point of delivery, set up and finance the maternal, and to prepare all the needs and the needs of the mother during delivery.

This relates to the concept of "Standby Husband". Standby husband is a form of assistance given to the mother, because one of the people closest to the mother is the husband. Program standby husband was developed to support the Mother Dear Movement. Husband's support is support given to maternal, and a clear form of concern and responsibility of the husband of the labor and the life of his wife and son. Responsibility in the form oversee, maintain and protect his wife and keep her baby. Husband's support includes informational support, emotional support, and instrumental support. Concrete support in the form of husband to his wife, took his wife to seek help to service providers such as doctors, midwives, health centers, and hospitals. In the form of financial support for postnatal husband and involved in making decisions about the delivery place. Regarding preparation for childbirth, the majority of husbands prepare for childbirth to trained health personnel, the delivery and financial set up before delivery (Wai et al., 2015). Husband's support is the attitude, actions and acceptance of all the things that happened to his wife. Husband had an important role in encouraging the health of women in the family (Ohashi et al., 2014).

It can be concluded that, greater involvement of the husband have the possibility to provide considerable benefits for the health of mothers and babies (Lewis, Lee and Simkhada, 2015). The results of this research in line with research by Thapa and Niehof (2013), namely that her husband's involvement in providing transport for delivery, providing advice, support for reducing the burden of housework and financial balance. The same study by Lewis, Lee and Simkhada (2015) result that, husband's support through the provision of fees for antenatal care, postpartum and accompanied his wife or the waiting room in the maternity. Husband's support effect on maternal health and safe delivery. Husband presence during childbirth have long-term positive effect, for example, witnessed the birth can be as educational or experience for the husband of the process for how much respect for women in general and his family.

***B. Relationship between the acceptance of delivery place (beliefs and trust maternal) to search for delivery place (birth attendant professionalism)***

Based on the research results show that, the acceptance of delivery place (beliefs and trust maternal) significantly affects the search for delivery place (birth attendant professionalism). Beliefs and trust of mothers towards the delivery place, related to the mother's perception of the birth attendants professionalism in health facilities. As explained by Levesque et al., (2013) that, finding health services is influenced by the ability to perceive the health service ie health beliefs and trust, in addition to health literacy and expectation. Beliefs and trust mothers on spot delivery also affect the perception of birth attendant professionalism. Mothers who have faith and beliefs in the delivery place, they also agreed on birth attendants professionalism, while mothers who lack of beliefs and lack of trust, have the perception that birth attendants are less professional. Beliefs and trust mothers on delivery place associated with birth attendance professionalism, are internal factors of behavioral determinants of health services utilization. With belief and trust, birth mothers can judge or argue against aid delivery service and then encourage mothers to implement or practice what is believed and trusted. Beliefs is an attitude that is shown by humans now feel quite know, and concluded that he had reached the truth. Beliefs about health and illness, can affect the behavior to seek help from health services. Beliefs is identified as a comprehensive concept influencing the delivery of place. Women who choose to give birth in health facilities are first rate, have beliefs about childbirth, their ability to give birth, the ability of midwives, the mechanism of delivery of the facility, while women who choose to give birth at the hospital did not disclose the belief in delivery, their ability to give birth, delivery mechanism of the facility, although they believe the midwives attending births (Grigg et al., 2015). The main reasons why people do not use MCH services during pregnancy, during delivery, and postpartum, one of which is trust and beliefs to hereditary TBAs. Associated with the research results it can be concluded that, at this time the people especially women giving birth in South Central Timor District has had good belief and trust towards health workers to services deliveries in health facility. The search for health services for the community is the description of the behavior patterns of health services utilization overall, which can describe the level of knowledge and public confidence in the health service (More, 2011). People who need health care, supported by the level of knowledge sufficient, good perception, belief and trust in the health service then, can correctly identify the shape of services in health facilities, which can be achieved and the impact on their own health (Levesque et al., 2013 ).

***C. Relationships search for delivery place (birth attendant professionalism) on the utilization Delivery Waiting Home and place of birth***

Based on the research results show that, the search for delivery place (birth attendant professionalism) significantly affects to utilization of Delivery Waiting Home and delivery place. Maternal perception of the birth attendant professionalism, always necessary for the emergence of actual actions, and attitudes to utilize of Delivery Waiting Home and delivery in community health centers or other health care facilities. Utilization of health care services is affected by the search of good health and proper, supported by the component service acceptability, both professionalism, and social culture in society (Levesque et al., 2013). Access to health services can be seen from the resources and characteristics of users, but in order to improve short-term services, resources play an important role (Levesque et al., 2013). To that end, birth attendants who have the ability, competence and skilled in providing services deliveries in health facilities, will benefit and positive impact for the community to select and utilize deliveries in health facilities. Delivery Waiting Home was one of the programs that support the achievement of the MCH Revolution. The goal is the acceleration of the reduction of maternal mortality through deliveries in health facilities by trained health personnel. Therefore the maternal should have access to services deliveries in health facilities. Maternal of utilize Delivery Waiting Home, most maternity community health centers and are attended by midwives. The reason maternal choose a midwife because for their attention to the health of mother, still family support, and supported facilities. The concept of utilization of Delivery Waiting Home set in South Central Timor District was seven days prior to and seven days after the delivery, but this can not be run properly because of the limited facilities including lighting and water so that people still use an average of only can stay one to three days before and after childbirth. The grounds for the mother and husband did not

want a long time to leaving home and their work. This is also supported for many maternal are housewives who must complete the household chores, and help work in the garden. Facts on the ground indicate that the use of Delivery Waiting Home in South Central Timor District, there are still obstacles or barriers relation to the availability of facilities are not adequate to meet the needs of the community or maternal and families who use and exploit the Delivery Waiting Home. Therefore, the availability of Delivery Waiting Home adequate and can meet the needs of the community, will affect the utilization of spot deliveries in health facilities. Delivery Waiting Home helpful to reduce the delay to a health facility, and is one of innovation, although not exhaustive and thus it can be said that as the evolution toward revolution. It can be concluded that the use of aid delivery by the public places associated with the availability of adequate health resources, and makes it easier to get the maternity care delivery assistance properly.

## V. CONCLUSION

Based on the results final conclusion is that, utilization Delivery Waiting Home and delivery place are influenced by husband's support (emotional support, provision of transport support, and costs support), acceptance to delivery place (belief and trust maternal), and search for delivery place (birth attendant professionalism).

## VI. RECOMMENDATION

1. Provide an education, especially to the husband to increase support to the mother begins during pregnancy, childbirth, and postpartum, in context of supporting mothers movement.
2. Making presentations for dissemination to the public, about the importance of using Delivery Waiting Home and the delivery in health facility by trained health personnel.

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