

## **The Relationship Of The Family And The The Midwifer In Decision Making For Complicated Referrals Maternal In The Work Area Kuprik Health Center**

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### **ABSTRACT**

Maternal deaths are one of the causes of delays in making referral decisions. This study aims to determine the relationship between the role of the family and the role of midwives in decision making for referrals for maternal complications in the Kuprik Community Health Center working area. This research uses an analytical observational research design with a cross sectional approach. Using the accidental sampling technique, a sample of 30 respondents was obtained, the independent variable (family role and midwife's role) and the dependent variable (referral decision making) using a questionnaire. The Chi-Square statistical test was used to determine the relationship between the two variables. The research results showed that the majority of respondents had families who did not play a role in making decisions regarding referrals for maternal complications, namely 17 respondents (56.7%), the majority of respondents had a role for midwives in making decisions regarding referrals for maternal complications, namely 27 respondents (90%) , and the majority of respondents refused to be referred, namely 16 respondents (53.3%). Chi-Square statistical test analysis found that there was a relationship between the role of the family in making decisions regarding referrals for maternal complications ( $p \text{ value} = 0.000 < 0.05$ ), and there was no relationship between the role of midwives in making decisions regarding referrals for maternal complications ( $p \text{ value} = 0.088 > 0, 05$ ). The need for a good family role in making decisions regarding referrals for maternal complications through the role of the husband, wife's parents and in-laws. Apart from that, the midwife's role in making decisions regarding referrals for maternal complications must be increased to the role of facilitator.

**Keywords:** Role of the Family, Role of the Midwife, Referral Decision Making

### **INTRODUCTION**

Maternal mortality is one of the causes of delays in making referral decisions from the family. Decision making is more dominated by the family, so the decision to refer takes longer which results in an increase in the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Maghribah, 2021). According to the World Health Organization (WHO), approximately 287,000 women died during and after pregnancy and childbirth in 2020. Nearly 95% of all maternal deaths occurred in low- and lower-middle-income countries in 2020, and most were preventable. Sub-Saharan Africa and South Asia accounted for around 87% (253 000) of the estimated global maternal deaths in 2020. Sub-Saharan Africa alone accounted for around 70% of maternal deaths (202 000), while South Asia accounted for around 16% (47 000) ( WHO, 2023).

Data from the Indonesian Health Profile for 2021 shows that in Indonesia, the Maternal Mortality Rate (MMR) in 2019 was 4,221 per 100.00/livebirth, in 2020 it was 4,627 per 100.00/livebirth, and in 2021 it was 7,389 per 100.00/livebirth. If you look at this data, the Maternal Mortality Rate (MMR) for 2019-2021 continues to increase. Based on causes, the majority of maternal deaths in 2021 were related to COVID-19 with 2,982 cases, bleeding with 1,330 cases, and hypertension in pregnancy with 1,077 cases (Ministry of Health of the Republic of Indonesia, 2022).

Data from the Indonesian Health Profile for 2021 shows that in Papua Province, the Maternal Mortality Rate (MMR) in 2020 was 72 per 100,000/livebirth, and in 2021 it was 79 per 100,000/livebirth. If you look at this data, the Maternal Mortality Rate (MMR) for 2020-2021 has increased slightly. Based on causes, the majority of maternal deaths in 2021 were related to bleeding, 18 cases, 15 cases of COVID-19, and 7 cases of hypertension in pregnancy (RI Ministry of Health, 2022).

Based on data obtained from the Merauke District Health Service in 2023, it shows that the Maternal Mortality Rate (MMR) in Merauke Regency in 2021 is 230 per 100,000/livebirth, in 2022 it is 248.82 per 100,000/livebirth. Kuprik Community Health Center is one of the Community Health Centers in Merauke Regency. The Maternal Mortality Rate (MMR) at the Kuprik Community Health Center in 2021 is 1 case or 23 per 100,000/livebirth caused by multicomplikations, namely serotinous parturition with retained placenta with active bleeding and severe anemia, and in 2022 it is 2 cases or 49.7 per 100,000/livebirth. The first case was caused by severe pre-eclampsia with severe anemia, and the second case was caused by hypertension with severe pre-eclampsia and severe anemia (Merauke District Health Service, 2023).

Even though various efforts have been made to accelerate the reduction in MMR, including immediate referral efforts if maternal complications occur, there is still an increase in the number of Maternal Mortality Rates (MMR) due to late referrals. Referrals must obtain approval from the patient or his family, and the authorized midwife must provide an explanation to the patient regarding the diagnosis and therapy or medical action required by the patient, the reasons and objectives of the referral, the risks that could arise if the referral is not made, transportation of the referral, and the risks or complications that may arise during the journey. Therefore, the role of the family and midwife is very influential in making maternal referral decisions (Hasibuan, 2020).

A preliminary study conducted by researchers at the Kuprik Community Health Center in August 2023, using direct interviews, obtained data from 20 pregnant women, 18 mothers said that the decision making for referrals rests with the family. All the education that the midwife provides ultimately follows the family's decision. The husband cannot make decisions himself because he has to involve the wife's extended family, because if something happens to his wife, the husband is afraid of being blamed, and local customs in Merauke Regency, especially for the Marind tribe, still apply, such as customary fines if something untoward happens to the mother.

Research conducted by Maryamatul Maghribah shows that there is a relationship between family knowledge and motivation and decision making for maternal emergency referrals for high-risk pregnant women (Maghribah, 2021).

Based on the background above, the author is interested in conducting research on the relationship between the role of the family and the role of the midwife in decision making for referrals for maternal complications in the Kuprik Community Health Center work area.

## METHODS

This research uses an analytical observational research design with a cross-sectional approach. Using the accidental sampling technique, a sample of 30 respondents was obtained. Independent variables (family role and midwife role) and dependent variable (referral decision making) using a questionnaire.

The Chi-Square statistical test was used to determine the relationship between the two variables. Data analysis found that there was a relationship between the role of the family in making referral decisions,  $p \text{ value} = 0.000 < 0.05$ , and there was no relationship between the role of midwives in making referral decisions,  $p \text{ value} = 0.088 > 0.05$ .

## RESULTS

**Tabel. 1 Distribution of Respondent Characteristics and Variables**

Result of Research	Frequency (f)	Percentage (%)
<b>Age</b>		
<20 year	5	16,7
20-35 year	22	73,3
>35 year	3	10,0
<b>Level of Education</b>		
Elementary School	11	36,7
Junior High School	8	26,7
Senior High School	9	30
College	2	6,7
<b>Occupation</b>		
Unemployee	16	53,3
Working	14	46,7
<b>Parity</b>		
Primigravida	9	30
Multigravida	21	70
<b>Family Role</b>		
No	17	56,7
Yes	13	43,3
<b>Midwife Role</b>		
No	3	10
Yes	27	90
<b>Referral Decision Making</b>		
Refuse to referral	16	53,3
Agree to referral	14	46,7
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Research Questionnaire, 12<sup>th</sup> December 2023

**Tabel 2. Cross Tabulation Between Variables**

			Criteria of Referral Making		Decision	Total
			Refuse Referral	to Agree Referral	to	
Criteria of Family Role	No	Frequency	15	2		17
		%	93,8%	14,3%		56,7%
	Yes	Frequency	1	12		13
		%	6,2%	85,7%		43,3%
Total		Frequency	16	14		30
		%	100%	100%		100%
Criteria of Midwife Role	No	Frequency	3	0		3
		%	18,8%	0,0%		10%
	Yes	Frequency	13	14		27
		%	81,2%	100%		90%
Total		Frequency	16	14		30
		%	100%	100%		100%

Source: Research Questionnaire, 12 December 2023

Based on table 2 above, it is known that respondents who had no family role were found to refuse referrals, namely 15 respondents (93.8%), and respondents who had midwife roles were found to be willing to refer, namely 14 respondents (100%).

#### Analysis of Research Statistical Test Results

		Value	Approx. Sig
Nominal by Nominal	Contingency Coefficient	16.101	.000
N of valid Cases		30	

The results of the research analysis regarding the relationship between the role of the family in making decisions regarding referrals for maternal complications based on statistical tests using the Chi-Square test showed that  $p = 0.000 < 0.05$ , so  $H_0$  was rejected and  $H_1$  was accepted, which means that there is a relationship between the role of the family in making decisions regarding referrals for maternal complications in the region. Kuprik Community Health Center.

		Value	Approx. Sig
Nominal by Nominal	Contingency Coefficient	1.205	.088
N of valid Cases		30	

The results of research analysis regarding the relationship between the role of midwives in decision making for referrals for maternal complications based on statistical tests using the Chi-Square test showed that  $p = 0.088 > 0.05$ , so  $H_0$  was accepted and  $H_1$  was rejected, which means there is no relationship between the role of the family and decision making for referrals for maternal complications in Kuprik Community Health Center.

## DISCUSSION

### Identification of Family Role

Based on table 1 above, it is known that of the 30 respondents, it was found that most of the respondent's families did not play a role in making decisions regarding referrals for maternal complications, namely 17 respondents (56.7%).

The role of the family consisting of husband, biological mother, mother-in-law and other nuclear family members has a significant contribution to the adjustment of pregnant women in facing pregnancy or problems during pregnancy. The involvement and role of the family that can be given fully and optimally to pregnant women is very important to reduce the wife's worries in dealing with changes during the pregnancy process, including complications or problems

commonly experienced in pregnancy and childbirth. The role of the family plays a role in behavior, especially in the behavior of using referral health services to deal with obstetric complications experienced by mothers during pregnancy and childbirth (Bata et al., 2019).

In the researcher's opinion, the majority of respondents' families did not play a role in making decisions regarding referrals for maternal complications in this study, because the husband could not make the decision himself because he had to involve the wife's extended family, because if something happened to his wife, the husband was afraid of being blamed, and local customs in Papua it still applies as a customary fine if something undesirable happens to the mother. Therefore, the husband decided not to make a referral for maternal complications to his wife because the husband complied with the decision of his wife's parents not to make a referral for maternal complications even though it endangered his wife's safety. Apart from that, the husband has not prepared funds (money) for his wife's referral needs for maternal complications.

In the researcher's opinion, some of the respondent's families played a role in making decisions regarding referrals for maternal complications in this study, due to the husband's role in protecting his wife's life by making decisions regarding referrals for maternal complications immediately so that the wife's safety is guaranteed. Apart from that, the in-laws provide psychological support to their daughters-in-law who will be referred in cases of complications and the in-laws also pray for the safety of their daughters-in-law from complications that occur.

#### **Identification of Midwife Role**

Based on table 1 above, it is known that of the 30 respondents, it was found that the majority of midwives played a role in making referral decisions for maternal complications, namely 27 respondents (90%).

The role of midwives as educators is to provide health education and counseling in midwifery care and services in every health service setting so that patients are able to maintain and improve their health through health service providers such as Community Health Centers, Hospitals and Clinics/BPM. Health workers have a role to assist mothers in making decisions by considering the client's priority needs based on critical thinking and providing clients with information or resources that assist in decision making (Manuk, Akbar and Wittiarika, 2021).

In the opinion of researchers, the majority of respondents received the role of Midwives in making decisions regarding referrals for maternal complications in this study, because Midwives provided friendly and polite communication and counseling when dealing with patients and families to discuss decision making for referrals for maternal complications, Midwives provided motivation, direction, guidance, and encouraging patients and families to recognize the problems faced, and be able to solve these problems through making decisions regarding referrals for maternal complications, Midwives do not judge or force patients and families in making decisions regarding referrals for maternal complications, and Midwives provide referral letters, and carry essential equipment, materials and medicines needed for patients who need immediate referral for maternal complications.

In the researcher's opinion, the majority of respondents did not have the role of midwives in making referral decisions for maternal complications in this study, because the referrals were for mild cases and did not require immediate treatment, for example in cases of mild anemia, mild hyperemesis gravidarum, etc.

#### **Identification of Referral Decision Making**

Based on table 1 above, it is known that of the 30 respondents, the majority of respondents refused to be referred, namely 16 respondents (53.3%).

The results of a similar study conducted by (Maghribah, 2021), showed that more than half of those making maternal emergency referral decisions for high-risk pregnant women said they did not want to be referred, as many as 31 people (69%).

In the researcher's opinion, the majority of respondents refused to be referred to this study, due to the lack of family role in making decisions regarding referrals for maternal complications. Even though health workers have played a role in providing education about referrals, they ultimately follow the family's decision. The family thinks that if they have been referred from the Pustu to the Puskesmas, it is enough and they think that the Puskesmas can handle it until it is finished without having to be referred to the hospital again.

In the researcher's opinion, some respondents were willing to be referred, due to the good role of the family and the role of health workers in making referral decisions for maternal complications, so that the referral process was not too late and patients could immediately receive immediate treatment.

### **Analysis of the Relationship between Family Roles in Referral Decision Making for Maternal Complications**

The results of the research analysis regarding the relationship between the role of the family in making decisions regarding referrals for maternal complications based on statistical tests using the Chi-Square test showed that  $p = 0.000 < 0.05$ , so  $H_0$  was rejected and  $H_1$  was accepted, which means that there is a relationship between the role of the family in making decisions regarding referrals for maternal complications in the region. Kuprik Community Health Center work.

One of the causes of maternal death is a delay in decision making by the family to make a referral. The culture of negotiation that develops in society also often influences decision making to refer mothers to hospital. As a result of developments over time, the culture of deliberation or negotiation has experienced a shift in values which means that decision making in negotiations is now more dominated by the husband. However, in its implementation, you must still collect opinions from a number of family members, which takes quite a long time and ultimately results in delays in decision making (Bata et al., 2019).

In the researcher's opinion, there is a relationship between the role of the family in decision making for referrals for maternal complications in the Kuprik Community Health Center area. In this study, this research proves that the role of the family for mothers really has an impact on decision making for referrals for maternal complications. This is proven by the results of this study, namely that there is a strong relationship between the role of the family in decision making for referrals for maternal complications. Therefore, the role of the family in making decisions regarding referrals for maternal complications must be increased through the role of the husband, the role of the wife's parents, and the role of the in-laws. The husband's role is to earn a living to prepare funds (money) for the wife's maternal complications referral needs, and to protect the wife's life by making decisions regarding maternal complications referrals immediately so that the wife's safety is guaranteed. The role of the wife's parents is not to prevent the husband from making an immediate referral. The role of in-laws is to provide psychological support to their daughters-in-law who will be referred in cases of complications, and to pray for their daughters-in-law's safety from complications that occur.

### **Analysis of the Relationship between the Role of Midwives on Referral Decision Making for Maternal Complications**

The results of research analysis regarding the relationship between the role of Midwives in decision making for referrals for maternal complications based on statistical tests using the Chi-Square test showed that  $p = 0.088 > 0.05$ , so  $H_0$  was accepted and  $H_1$  was rejected, which means



there is no relationship between the role of Midwives and decision making for referrals for maternal complications in Kuprik Community Health Center working area.

The midwife's role is to help clients make decisions by looking at the client's priority needs in making decisions based on critical thinking and providing clients with information or resources that help in decision making (Bata et al., 2019).

In the researcher's opinion, there is no relationship between the role of midwives and the decision making for referrals for maternal complications in the Kuprik Community Health Center area. In this study, this research proves that the role of midwives really has an impact on decision making for referrals for maternal complications. Therefore, the role of midwives in making decisions regarding referrals for maternal complications must be maintained by patients and families through their roles as communicators, motivators, facilitators and counselors. The role as a communicator can be carried out by midwives providing useful communication to improve the lack of knowledge and attitudes of patients and families regarding decision making for referrals for maternal complications. The role as a motivator can be carried out by midwives providing motivation to patients and families so that they can immediately make decisions regarding referrals for maternal complications. The role as a facilitator can be carried out by midwives providing referral letters, as well as bringing equipment, materials and essential medicines needed for patients who need immediate referral for maternal complications. The role as a counselor can be carried out by midwives providing guidance to patients and families so that they can make decisions regarding referrals for maternal complications.

## CONCLUSION

1. Most respondents have families who do not play a role in making decisions regarding referrals for maternal complications, namely 17 respondents (56.7%).
2. The majority of respondents received a midwife's role in making decisions regarding referrals for maternal complications, namely 27 respondents (90%).
3. Most respondents refused to be referred, namely 16 respondents (53.3%). Ada hubungan peran keluarga terhadap pengambilan keputusan rujukan komplikasi maternal yaitu  $p \text{ value} = 0,000 < 0,05$
4. There is no relationship between the role of the midwife and the decision to refer to maternal complications, namely  $p \text{ value} = 0.088 > 0.05$

## REFERENCES

- Bata, V. A. *et al.* (2019) 'Peran Pengambil Keputusan dalam Keterlambatan Rujukan Maternal', *Jurnal Kesehatan Primer*, 4(1), pp. 1–12.
- Dinas Kesehatan Kabupaten Merauke (2023) 'InfoPublik - 2022, Angka Kematian Ibu Melahirkan Meningkat di Merauke'. Available at: <https://www.infopublik.id/kategori/nusantara/724513/2022-angka-kematian-ibu-melahirkan-meningkat-di-merauke>.
- Hasibuan, A. M. B. (2020) 'Pengambilan Keputusan Dalam Pelaksanaan Rujukan Ke Rumah Sakit', (001). Available at: <http://dx.doi.org/10.31219/osf.io/ksd7n>.
- Kemenkes RI (2022) *Profil Kesehatan Indonesia 2021*, Pusdatin.Kemenkes.Go.Id.
- Maghribah, M. (2021) 'Hubungan Pengetahuan dan Motivasi Keluarga dengan Pengambilan Keputusan Rujukan Kegawatdaruratan Maternal Ibu Hamil Resiko Tinggi di Masa Pandemi COVID-19', 19, pp. 1–20. Available at: <http://repository.stikesnhm.ac.id/id/eprint/1010/>.
- Manuk, M. M., Akbar, M. I. A. and Wittiarika, I. D. (2021) 'Factors Affecting the Delay of Decision Making To Receive Health Services in Preeclampsia Pregnant Mothers At Rsud Mgr Gabriel Manek Svd Atambua', *Indonesian Midwifery and Health Sciences Journal*, 5(2), pp. 160–173. doi: 10.20473/imhsj.v5i2.2021.160-173.
- WHO (2023) 'Maternal mortality', *Multiple Pregnancy: Epidemiology, Gestation, and Perinatal Outcome*, pp. 492–502.