



# Knowledge and Attitude Factors of Pregnant Mothers in the Selection of Delivery Assistants in the North Sibolga 2021

Rya Anastasya Siregar<sup>(✉)</sup>, Novita Sari Batubara, and Hj. Nur Aliyah Rangkuti

Lecturer of Midwifery Study Program, DIII Midwifery Program, Afa Royhan University, Padangsidempuan, Indonesia

ryaanastasya3@gmail.com

**Abstract.** In an effort to reduce MMR, one of the health workers who is directly involved in maternal and child health services is the midwife. Aid deliveries done by non-medical personnel can lead to high MMR and IMR, so this requires the ability and skills of the helper delivery so MMR can be avoided. The number of delivery assistants by a shaman is due to many factors behind them, including education level, attitudes, perceptions, mother, and knowledge about risk factors of labor. The World Health Organization (2020) estimates that maternal mortality is 303,000 people or around 216/per 100,000 live births. Sibolga City Health Office, the Maternal Mortality Rate in 2018 was 7 (seven) out of 115/1000 live births, in 2020 it was 2 (two) out of 115/1000 live births. (Sibolga City Government, 2020). The purpose of this study was to determine the relationship between knowledge and attitudes of pregnant women with the selection of birth attendants in the North Sibolga District in 2021. The type of research was quantitative with a cross-sectional study approach. The population in this study were all pregnant women in 2021 who lived in the North Sibolga District, amounting to 32 people. The number of samples in this study was 32 people using the total sampling technique. The statistical test used in this study is the Fisher's Exact Test. The results of this study indicate that there is a relationship between knowledge and the choice of delivery assistance ( $p = 0.001$ ), and there is a relationship between attitudes and the choice of delivery assistance ( $p = 0.001$ ). The knowledge of the majority of pregnant women with good knowledge is 25 people, the attitude of the majority is positive as many as 15 people, the choice of childbirth is the majority of health workers as many as 28 people. The conclusion is that there is a relationship between knowledge and attitudes of pregnant women regarding the choice of delivery assistance. Suggestions for pregnant women to choose health workers as birth attendants.

**Keywords:** Knowledge · Attitude · Pregnant Women

## 1 Introduction

Health development is an integral part of national development, aimed at realizing optimal health degrees as mandated in the preamble to the 1945 Constitution. Basically,

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health development also involves physical, mental, socio-cultural, and economic life in which there has been a change in orientation, both in terms of values, as well as thoughts, especially regarding efforts to solve health problems, including reproductive health, and family planning as stated in the RI Law No. 36 of 2009 concerning Health (IBI, 2016).

Currently, maternal and child health problems are still a crucial problem in Indonesia because these problems are an indicator of the welfare of a nation. Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators of health status. The problem of maternal mortality and morbidity in Indonesia is still a big problem so that maternal and child health services are a top priority in health development in Indonesia.

*World Health Organization (WHO)* states that in 2015 worldwide, it is estimated that maternal mortality is 303,000 people or around 216/100,000 live births (KH). Mortality and morbidity in pregnant and maternity women is a big problem in developing countries, because maternal deaths occur mainly in developing countries by 99%. Indonesia is now even included as one of the 10 largest contributors to the Maternal Mortality Rate (MMR) in the world, where these 10 countries account for about 59% of all maternal deaths in the world. Nationally, the Maternal Mortality Rate (MMR) gradually decreased from 4,999 in 2015 to 4,912 in 2016 and in 2017 there were 1,712 cases of maternal death (Kemenkes RI, 2017).

The MMR, which according to the Indonesian Health Demographic Survey (IDHS) in 2007 was 228 per 100,000 live births, increased in 2012 to 359 per 100,000 live births. In 2018 the maternal play rate was still high at 305 per 1000 live births (IDHS, 2018).

The Infant Mortality Rate (IMR) is an indicator commonly used to determine the degree of public health, both at the provincial and national levels. The infant mortality rate (IMR) from time to time can provide an overview of the development of public health degrees and can also be used as an indicator in assessing the success of health services and other health development programs (Sibolga City Government, 2019).

The health condition of babies should be a concern because they are Sibolga's human resources in the future. The infant mortality rate in Sibolga in 2017 was 8/1000 births (BPS Kota Sibolga, 2019).

Based on data obtained from the Public Health Sector of the Sibolga City Health Service, the Maternal Mortality Rate in 2017 was 2 (two) out of 115/1000 live births, in 2018 it was 7 (seven) out of 115/1000 live births, in 2020 it was 2 (two) of 115/1000 live births (Sibolga City Government, 2020).

Help Labor is a form of service for the delivery of mothers giving birth which is carried out by birth attendants either by health workers such as doctors, midwives or non-health workers such as traditional healers. Health workers is any person who devotes himself to the health sector and has knowledge and/or skills through education in the health sector which for certain types requires the authority to carry out health efforts. One of the functions of health workers is delivery assistance.

Based on the 2018 Riskesdas in Indonesia, the distribution of birth attendants by health workers was 93.1% of whom were assisted by obstetricians 28.9%, general practitioners 1.2%, midwives 62.7% and assisted by nurses 0.3%. As for those who were helped by non-health workers, 6.7%. In North Sumatra Province the coverage of deliveries assisted by health workers in 2014 was 89.8%, then decreased in 2015 to 87.28%, in 2016 it reached 90.05% and in 2017 it decreased again to 87.8%. Percentage of toddlers

according to birth attendants in Sibolga City in 2014 were birth attendants for health workers 98.96% and birth attendants for traditional birth attendants and others 1.04% in 2020 and birth attendants for health workers 98.64 and non-health assistants 1.36% (Dinkes Sibolga, 2020).

The selection of health assistants is based on knowledge and attitudes, because knowledge is the result of understanding after a person has sensed a certain object and attitude is a person's belief or opinion regarding a situation, subject or object accompanied by the emergence of certain feelings. This feeling will be used as the basis for the person to behave and respond in a certain way according to his choice.

The phenomenon in society is that there are many mothers whose level of knowledge about risk factors for childbirth is still low, this is the reason why mothers prefer to give birth to traditional healers. If this situation is allowed to continue, it will have a negative impact on the health status of the community, because the number of MMR will increase, so that it will indirectly cause fatal problems. The maternal mortality rate due to delivery assistance to non-medical personnel will increase, for example: prolonged labor or vaginal delivery, infection, birth trauma, uterine atony, bleeding, and others. Handling this problem is not easy because there are many factors behind it, including the level of education, knowledge, attitudes, experience, and mother's perception of childbirth. Other factors that are no less important are socio-cultural, economic, geographical, facilities and infrastructure even from the officers themselves.

Based on an initial survey conducted in the North Sibolga sub-district, out of 10 (ten) mothers interviewed, 6 (six) said they wanted to give birth at the puskesmas with the help of the midwife, 1 (one) was in the hospital because they wanted SC surgery, 2 at the midwife's clinic and 1 wants to give birth at home with the help of his mother because the previous delivery was helped by his mother. From this initial survey, it can be seen that there are still many mothers who do not understand about birth attendants.

## 2 Research Method

This type of research is a *quantitative* with a descriptive correlation design using a *cross sectional study approach* with the aim of knowing the relationship between knowledge and attitudes of pregnant women with the selection of birth attendants in North Sibolga District in 2021 which was observed in the same time period. This research was conducted in Sibolga District.

The population in this study were all pregnant women during 2021 and resided in North Sibolga District, Sibolga City, amounting to 32 people. The sample in this study was taken by *total sampling technique*. The number of samples in this study were 32 people.

The research procedure started from data collection, namely the researcher first applied for a research permit to the Simaremare Village Head, Sibolga City, then asked the respondents for permission to conduct research and explained the purpose of this research and asked the respondent's consent. All respondents signed the *informed consent form* before filling out the questionnaire, then the researcher distributed the questionnaires to the respondents. The researcher collected the questionnaire sheet again after the respondent had finished filling it out. The researcher checked the completeness

of the questionnaire that had been submitted and asked the respondent to complete it if there were incomplete answers to the questionnaire and collect it again. Analysis of the data used is *Chi-square*.

### 3 Results

Table 1 shows that the characteristics of respondents aged 20–35 years are the majority 20 people (62.5%) and the minority aged < 20 years are 2 people (6.3%). Based on the mother’s education the majority of high school as many as 23 people (71.9%) and the minority of junior high school education as many as 1 person (3.1%). Based on the employment status, the majority of mothers have working status as many as 21 people (65.6%) and the minority status is not working as many as 11 people (34.4%). Based on the income of the majority of high income as many as 21 people (65.6%) and low income minority as many as 11 people (34.4%). Based on gestational age, the majority

**Table 1.** Frequency Distribution of Respondents Characteristics in North Sibolga District, Sibolga City in 2021

Characteristics of Respondents	n	%
<b>Age</b>		
<20 years	2	6.3
20–35 years	20	62.5
>35 years	10	31.3
<b>Education</b>		
Elementary	4	12.5
Junior	1	3.1
High School	23	71.9
Higher Education	4	12.5
<b>Employment Status</b>		
Not Working	11	34.4
Working	21	65.6
<b>Income</b>		
Low	11	34.4
High	21	65.6
<b>Gestational Age</b>		
First	2	6.3
Trimester II	14	43.8
Trimester III	16	50.0
<b>Total</b>	32	100

of the third trimester were 16 people (50.0%) and the minority in the first trimester were 2 people (6.3%).

Based on the knowledge of pregnant women, the majority have good knowledge of 25 people (78.1%) and the minority have less knowledge as many as 7 people (21.9%). Based on the attitude of pregnant women, the majority were positive as many as 7 people (21.9%) and the minority was negative as many as 7 people (21.9%). Based on the selection of assistance during pregnancy, the majority of health workers were 28 people (87.5%) and the minority of non-health workers were 4 people (12.5%).

Table 2 shows that the majority of pregnant women have good knowledge of 25 people (78.1%) and the less knowledgeable minority as many as 7 people (21.9%).

Table 3 shows that the majority of pregnant women have a positive attitude as many as 7 people (21.9%) and the minority has a negative attitude as many as 7 people (21.9%).

Table 3 shows that the majority of the selection of assistance during pregnancy were 28 health workers (87.5%) and the minority of non-health workers were 4 (12.5%).

**Table 2.** Distribution of Knowledge Frequency of Pregnant Women in North Sibolga Subdistrict, Sibolga City in 2021

Knowledge of Pregnant Women	n	%
Less	7	21.9
Good	25	78.1
<b>Total</b>	<b>32</b>	<b>100</b>

**Table 3.** Frequency Distribution of Pregnant Women’s Attitudes in North Sibolga District, Sibolga City in 2021

Attitudes of Pregnant Women	n	%
Negative	7	21.9
Positive	25	28.1
<b>Total</b>	<b>32</b>	<b>100</b>

**Table 4.** Distribution of the frequency of selection of delivery assistance for pregnant women in North Sibolga sub-district, Sibolga city in 2021

selection of delivery assistance for pregnant women	n	%
of non-health workers	4	12.5
health workers	28	87.5
<b>Total</b>	<b>32</b>	<b>100</b>

Table 4 shows that there is less knowledge of pregnant women who choose delivery assistance from non-health workers as much as 4 people (57.1%) and good knowledge of pregnant women who choose delivery assistance from non-health workers as much as none. Then there is less knowledge of pregnant women who choose delivery assistance from health workers as many as 3 people (42.9%) and knowledge of good pregnant women who choose delivery assistance from health workers as many as 25 people (100%).

Based on Fisher’s Exact Test found that there was a relationship between knowledge and the selection of delivery assistance in North Sibolga District, Sibolga City in 2021 with  $p = 0.001$  ( $p < 0.05$ ) (Table 6).

Table 5 shows that the attitudes of negative pregnant women who chose delivery assistance from non-health workers were 4 people (57.1%) and the attitudes of positive pregnant women who chose delivery assistance from non-health workers were none. Then the negative attitude of pregnant women who chose delivery assistance from health workers as many as 3 people (42.9%) and the attitude of positive pregnant women who chose delivery assistance from health workers as many as 25 people (100%).

**Table 5.** Relationship of Knowledge Factors with Selection of Birth Aid for Pregnant Women in North Sibolga District, Sibolga City in 2021

Knowledge	of Delivery Aid Selection				Amount		P-value
	Non Health Workers		Health Workers				
	n	%	n	%	n	%	
Less	4	57.1	3	42.9	7	100	0.001
Good	0	0	25	100	25	100	
<b>Total</b>	<b>4</b>	<b>12.5</b>	<b>28</b>	<b>87.5</b>	<b>32</b>	<b>100</b>	

**Table 6.** Relationship Factors of Pregnant Women’s Attitudes with Selection of Delivery Aid for Pregnant Women in North Age Sibolga District, Sibolga City in 2021

Attitudes of Pregnant Women in	Selection of Delivery Aid				Amount		P-value
	Non Health Workers		Health Workers				
	n	%	n	%	n	%	
Negative	4	57.1	3	42.9	7	100	0.001
Positive	0	0	25	100	25	100	
<b>Total</b>	<b>4</b>	<b>12.5</b>	<b>28</b>	<b>87.5</b>	<b>32</b>	<b>100</b>	

Based on *Fisher's Exact Test* found that there was a relationship between the attitudes of pregnant women and the selection of delivery assistance in North Sibolga District, Sibolga City in 2021 with  $p = 0.001$  ( $p < 0.05$ ).

## 4 Discussion

### Age

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the age of the majority of mothers aged 20–35 years was 20 people (62.5%) and the minority aged <20 years was 2 people (6.3%).

According to Sarwono (2018) age or age is one of the factors to determine a quality in the reproductive system. The age of pregnant women under 20 years and above 35 years is a risky age for pregnancy and childbirth. The safe age for pregnancy and childbirth is 20–35 years.

The results of Wardani's research (2020) show that of the 17 respondents with a risky age status who chose health workers as birth attendants as many as 88.2% (15 respondents), while the group with no-risk age status out of 90 respondents only 81.1% (73 respondents) pregnant women who choose health workers as birth attendants.

The assumption of researchers in North Sibolga District, Sibolga City, that the age difference factor is not something that is the basis for someone to make a choice or take an action, but the habits of the local community that are the basis for consideration. The role of the midwife in this case is to provide more information to pregnant women regarding things that can cause risky deliveries, so that it is not only age that is the benchmark in the selection of birth attendants. Due to the increasing age of pregnant women, the higher the risk of childbirth.

### Education

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the majority of mothers' education was high school as many as 23 people (71.9%) and minority education in junior high school was 1 person (3.1%).

According to Notoatmodjo (2014) education is a planned effort to influence other people, both individuals, groups, and communities so that they do what is expected by education actors. The higher a person's education, the easier it is to receive information so that more knowledge is possessed and vice versa.

The results of Pumahardini and Rohemah's research (2018) education at BPM Zaitun Ernawati can be interpreted, namely that most of the 38 respondents (52.78%) have elementary education. Ulfa et al.'s research (2015) found that the frequency of pregnant women with their last education being high school was the highest, namely 14 people (46.7%).

The assumption of the researcher is that most of the mothers are highly educated, namely high school and university. Those with higher education tend to be more exposed to various sources of information and therefore more critical than those who are not or less exposed. Due to the lack of exposure to various sources of information, in choosing

birth attendants, respondents with low education tend not to be critical and usually follow village customs, namely giving birth with the help of a traditional birth attendant.

### **Employment Status**

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the work status of the majority of mothers was working as many as 21 people (65.6%) and the minority status was not working as many as 11 people (34.4%).

According to Notoatmodjo (2014), work also describes a person's socio-economic level, and this affects the selection of health care services by the community. Work is a necessity that must be done especially to support life and family life. Work is generally a time-consuming activity and can provide experience and knowledge both directly and indirectly. The work environment can form a knowledge because of the exchange of information between each other.

Fitrianeti et al.'s research (2018) shows the working status of 28 people (80.0%) and the status of not working as many as 7 people (20.0%). Ulfa et al.'s research (2015) found that the frequency of pregnant women who did not work was the highest, namely 21 people (70%). The frequency of mothers who never gave birth was 16 people (53.3%).

The assumption of the researcher is that mothers who do not work still choose non-health workers as birth attendants, this is because some mothers only get low incomes so they are not able to pay for childbirth money at health workers. Work is associated with the ability of the community and the level of women's independence which greatly affects their health. A pregnant woman who works will be more independent because she is more exposed to information from her environment, so it is easier for her to make decisions and choose health workers as birth attendants.

### **Income**

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the majority of high-income earners were 21 people (65.6%) and the low-income minority were 11 people (34.4%).

Income is one of the factors related to financial condition that causes purchasing power for additional food to be greater. Income relates to the amount of income received, which, when compared to expenses, still allows mothers to choose delivery assistance to health workers (Chandrawati, 2017).

Amalia's research (2016) shows that there is a relationship between income and the choice of delivery assistance, most of the respondents 69.1% belong to low income and 30.9% high income. Some respondents who are able to have high incomes choose to give birth assisted by health workers.

The researcher assumes that respondents who belong to low income status tend not to have adequate income to meet the costs of delivery assistance services by health workers. This happens because births at traditional birth attendants tend to be cheaper than delivery assistance by other health workers. The reason respondents did not use health workers as birth attendants was due to inadequate financial conditions. The cost of giving birth if assisted by a traditional birth attendant can be paid several times after the baby is born, besides that the amount of costs that must be incurred by the patient is



not determined. They can pay according to their sincerity or can be paid like the results of gardens, fields or fields.

### **Gestational Age**

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the majority of the third trimester pregnancy age were 16 people (50.0%) and the first trimester minority were 2 (6.3%). Based on the research results, gestational age did not affect the choice of delivery assistance.

Gestational age is generally for 40 weeks until delivery, if calculated from the last time of menstruation. Doctors usually use gestational age for 40 weeks from the time of the last menstruation until delivery to estimate when the baby will be born (Prawirohardjo, 2018).

### **Knowledge**

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the majority of pregnant women had good knowledge of 25 people (78.1%) and the minority had less knowledge of 7 people (21.9%).

According to Nursalam (2017) that a person's level of knowledge is influenced by several factors, namely internal and external factors, internal factors here include age, intelligence, and personality. While external factors include education, environment, socio-culture, media, exposure to information, and experience. In this study only examined two aspects, namely from the aspect of age and education due to time and cost limitations.

Kusuma's research (2018) shows that most mothers (75.00%) have good knowledge about childbirth in health facilities. Most (23 mothers) gave delivery assistance at the health facilities, and there was still 1 mother who gave birth assistance at the traditional birth attendant (non-facility facilities).

The researcher assumes that maternity mothers who have less knowledge will tend to ignore their health and in the end will have actions that will be harmful to themselves. Lack of knowledge can be exacerbated by lack of information due to wrong assumptions or perceptions about anemia in pregnancy and the things that accompany it. Information is one of the factors that affect a person's knowledge. Information can stimulate someone, sources of information can be obtained from print media (newspapers, leaflets, posters), electronic media (television, radio, video), family, and other sources of information.

### **Attitudes of Pregnant Women**

Based on the results of research conducted in North Sibolga District, Sibolga City, it was found that the attitudes of the majority of pregnant women were positive as many as 25 people (78.1%) and the minority had negative attitudes as many as 7 people (21.9%).

Attitude is a reaction or respondent who is still closed from someone to a stimulus or object. Attitude can also be interpreted as a relatively stable tendency, owned by a person in reacting (both positive and negative reactions) to himself, other people, objects, situations or surrounding conditions. Attitude grows starting from knowledge that is perceived as a right that is good (positive) or not good (negative), then internalized into him (Notoatmodjo, 2014).

Wardani's research (2020) that positive attitudes that support choosing health workers as birth attendants have the highest results (89.2%). The attitude of the mother with the selection of a birthing pod. An OR value of 4.12 means that respondents who have a positive attitude have a 4 times greater chance of giving birth at a health worker.

The assumption of the researcher is that a mother in labor should have an attitude about all things related to childbirth to avoid things that are not desirable during childbirth. But this must also have the support and active participation of the mother's family. Because in their daily life, the family plays a very important role in caring for and supervising pregnant women when they are at home. So that if health problems are found in pregnant women, it is hoped that the family can take appropriate and correct actions, namely by bringing pregnant women to the nearest health service center to get help to prevent maternal morbidity and mortality.

### **Selection of Birth Aid**

Based on the results of research conducted in Sibolga Utara District, Sibolga City, it was found that the majority of the selection of maternity assistance were 28 health workers (87.5%) and a minority of non-health workers were 4 (12.5%).

Birth attendants are one of the important factors that determine the safety of mothers and their babies. Delivery by a doctor or midwife is safer than childbirth assisted by a traditional healer. Health workers have been prepared to provide comprehensive care for women during their reproductive years (Rochayah, 2012).

Purmahardini and Rohemah's research (2018) the results of the selection of birth attendants at BPM Zaitun Ernawati in 2018 showed that of the 72 respondents, most of the pregnant women, 39 (54.16%) had more birth assistance from non-health workers or traditional birth attendants. Factors that influence the selection of birth attendants are socio-cultural factors, the presence of a midwife, and the characteristics of the mother. The characteristics of the mother here include education and knowledge.

The researcher assumes that the proportion of mothers who give birth assisted by health workers is greater than that of mothers who are assisted by traditional birth attendants, but the difference is not very significant. Delivery assistance by health workers illustrates the magnitude of clean and safe deliveries. Delivery assisted by health workers is considered to meet the requirements for safe sterilization, because if the mother experiences complications during childbirth, the first treatment can be carried out immediately.

### **The Relationship of Knowledge Factors with the Selection of Childbirth Assistance**

Based on the results of the study, it was shown that the knowledge of pregnant women with the selection of delivery assistance with  $p$  value = 0.001. In this study, it was found that the majority had good knowledge by choosing delivery assistance as many as 25 people (100%) and the minority with poor knowledge did not choose delivery assistance as many as 4 people (57.1%).

Knowledge can be obtained directly or from the experience of others. Knowledge is a number of facts and theories that enable a person to solve the problem he is facing. Knowledge is the result of human sensing through the senses it has both eyes, nose, ears and so on. Knowledge is one of the factors that determine action (Mubarak, 2018).

Ayu's research (2019) there is a relationship between knowledge and the choice of delivery assistance with a p value of 0.000. Although pregnant women have good knowledge, there are also mothers in the working area of the Juli Health Center, Bireuen Regency who choose unsafe birth attendants as many as 4 respondents (9.30%). The factor that causes mothers to choose to give birth in an unsafe place is because pregnant women are required by their in-laws to give birth at a dukun langga\_nan because they are considered more professional than health workers.

The researcher assumes that most of the mothers as many as 4 (57.1%) choose delivery assistance to non-health workers, this is because mothers have less knowledge and low education (SD). Mothers who have low knowledge about risk factors for childbirth will ask for help from a traditional birth attendant because they think that giving birth to a health worker or a traditional healer is the same. Mothers who do not know about risk factors for childbirth will affect the mother's decision in choosing delivery assistance. Then the respondents also have experience being assisted by traditional birth attendants, so they are more confident that childbirth assisted by traditional birth attendants is safe.

Seeing this fact that there is a relationship between knowledge of pregnant women and the selection of birth attendants, it is necessary to know things that can affect a person's level of knowledge, education level is a factor that affects health status. The higher a person's education level, the easier it is to receive information, so the more knowledge they have. Conversely, a lack of education will hinder the development of a person's attitude towards the newly introduced values.

### **Relationship Factors Attitude of Pregnant Women With Delivery Aid Selection**

Based on the results of the study showed that the attitude of pregnant women with the selection of delivery assistance with  $p = 0.001$ . In this study, it was found that the majority of pregnant women had a positive attitude by choosing delivery assistance as many as 25 people (100%) and a negative minority did not choose delivery assistance as many as 4 people (57.1%).

A complete attitude is formed jointly by three components, namely belief (belief) in an object and a tendency to act. After someone knows a stimulus or object, that person will then judge or act on the stimulus or object and is then expected to carry out or practice what he knows or responds to (Notoatmodjo, 2014).

The researcher assumes that the majority of mothers with negative attitudes as much as 4 (57.1%) choose delivery assistance to non-health workers in North Sibolga District. The attitude of pregnant women in choosing birth attendants can be obtained from various reasons, including their own experience and the experience of others and also cannot be separated from local culture. The role of the midwife in this regard is to increase the approach to the community to build their trust in health workers as birth attendants through health education and promotion. This can be done routinely, for example once a month or with a class program for pregnant women that discusses the selection of birth attendants.

Mothers who have a positive attitude choose delivery assistance at health facilities, while mothers who have a negative attitude choose delivery assistance at traditional birth attendants. Many factors influence the choice of delivery assistance, such as culture, beliefs or values prevailing in society. Factors of facilities and infrastructure, easy access of mothers to health facilities, government policy factors such as the Health PBJS

Program. These various factors encourage mothers to choose delivery at health facilities. Regarding the availability of delivery assistance at non-health facilities or traditional birth attendants, it may be caused by the economy, the participation of other people outside the mother's family such as parents-in-law, relatives and so on. Another factor that may also have an influence is the belief that mothers and families have that giving birth to a traditional birth attendant is more comfortable and the traditional birth attendant is usually involved in caring for the mother and baby until several weeks postpartum.

## 5 Conclusions and Recommendations

### Conclusions

1. Characteristics of respondents in Sibolga Utara District, Sibolga City, the majority aged 20–35 years as many as 20 people, the majority having high school education as many as 23 people, the majority working status as many as 21 people, the majority having high income as many as 21 people, the majority being of gestational age. Third trimester as many as 16 people.
2. Knowledge of pregnant women in North Sibolga District, Sibolga City, the majority of whom have good knowledge as many as 25 people.
3. The attitude of pregnant women in Sibolga Utara District, Sibolga City, was mostly positive as many as 15 people.
4. The choice of delivery assistance in North Sibolga District, Sibolga City, the majority of health workers as many as 28 people.
5. There is a relationship between knowledge and attitudes of pregnant women with the selection of delivery assistance in North Sibolga District, Sibolga City.

### Suggestions

Can add insight to researchers to be more comprehensive, especially in terms of knowledge and attitudes of pregnant women with the selection of delivery assistance. It is hoped that pregnant women can choose the right delivery assistance. Pregnant women can state to midwives or health workers about the benefits of childbirth assistance from health workers and the dangers of being assisted by traditional birth attendants. Educational institutions can provide support, and can provide as much theory as possible so that their students have the abilities and skills when they enter the community.

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