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The influence of health education on the selection of birth attendants on the knowledge of pregnant women in Onolimbu Village in 2022

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ABSTRACT
One of the factors that influence the high maternal mortality rate is the mother's knowledge of birth attendants. The selection of birth attendants is one of the efforts made to seek help in the face of the labor process. The Ministry of Health has mandated that deliveries must be assisted by competent health personnel. The purpose of this study was to determine the effect of health education on the selection of birth attendants on the knowledge of pregnant women in Onolimbu Village in 2022. This type of research uses a pre-experimental design approach with one-group pretest-posttest design. The population in this study were all 32 women of PUS in Onolimbu Village. The sample was taken using the acidental sampling technique. A sample of 22 people was obtained. Bivariate data analysis used the Wilcoxon signed rank test. The results of this study indicate that the mean values are 0.14 (pre) and 0.91 (post). The results of statistical tests using the Wilcoxon test are known that the p value (0.000) < (0.05) means that Ho is rejected. The conclusion of the study is that there is an effect of health education on the selection of birth attendants on the knowledge of pregnant women in Onolimbu Village in 2022. It is recommended for midwives to improve the quality of ANC services through the Delivery Planning Program.

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INTRODUCTION

The National Medium-Term Development Plan (RPJMN) 2020-2024 has provided a direction for health sector development with the vision of improving health services through national health insurance, especially strengthening primary health services with increased promotive and preventive efforts supported by innovation and technology utilization. The policy in the RPJMN is focused on five things, one of which is improving maternal and child health. Improving maternal and child health is focused on efforts to reduce maternal mortality (MMR), birth mortality rate, neonatal mortality rate and increasing vaccination coverage (Kurniasih, 2021).

Pregnancy is a way to achieve the highest satisfaction of a mother's achievements, pregnancy begins with conception and ends with the birth of a new human being, but not

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all results of labor and pregnancy will run healthily, but pregnant women can face emergencies with mild to severe degrees that can provide the danger of discomfort, dissatisfaction, pain, disability and even death for high-risk pregnant women, or low who experience complications (Suseno, 2012).

One of the factors that influence the high mortality rate of pregnant women is maternal knowledge. Some of the factors behind the risk of maternal death are lack of community participation caused by low maternal education level, low family economic ability, unsupportive socio-cultural position. If pulled further, some of these unsupportive behaviors can also carry risks (Mestuti, 2012). The selection of birth attendants is one of the efforts made to seek help in dealing with the labor process. The selection of labor helpers is one of the reproductive rights of individuals in determining where to give birth and who will help give birth (Saifuddin, 2014).

Childbirth assistance by health workers is a safe delivery service because it is carried out by competent health workers. Safe childbirth is childbirth that has the knowledge, skills, tools to provide clean help, provide postpartum services to mothers and babies. Childbirth assistance assisted by non-health workers or often known as paraji shamans has a greater risk than childbirth carried out by competent health workers. This happens because non-health workers do not have legal education related to obstetric problems and in terms of sterilization, the tools used in assisting childbirth often use traditional equipment. While childbirth assisted by health workers uses safe, clean, and sterile equipment so as to prevent infection and other health hazards (Prawirohardjo, 2014).

The Ministry of Health has made it mandatory that childbirth must be assisted by competent health workers. This is an effort to achieve the Sustainable Development Goals (SDGs) target, one of which aims to reduce MMR and AKB globally. But in fact, in the field, even though health services for mothers and children have been spread, there are still various major problems, namely the high MMR and AKB (Ministry of Health, 2017).

Worldwide, MMRs are estimated to reach 211 in 2017. WHO's goal is to reduce that number to 70 by 2030 (Kompasiana, 2022). The problem of maternal reproductive health in the pregnancy and postpartum phases in developing countries is that there are still many mothers who give birth at home and are helped by baby healers (non-health workers). One of the reasons is economic limitations.

According to the results of Riskesdas 2018, mothers who gave birth at home, 10.9% of the delivery process was assisted by a baby shaman (Riskesdas, 2018). Therefore, until now Indonesia is still experiencing MMR problems. Since 2007 there has been an increase in MMR from 228 per 100,000 to 359 per 100,000 live births (IDHS 2012), and 305 per 100,000 live births in 2015 (Ministry of Health, 2016).

One of the government's efforts in order to accelerate the reduction of MMR is to bring midwifery services closer to every mother in need. For this reason, since 1990 midwives have been placed in the village with their polindes. With the placement of midwives in this village, it is hoped that the role of shamans will decrease in line with the higher education and knowledge of the community and the availability of health facilities,

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but in fact there are still many deliveries that are not assisted by midwives but by shamans (Julianto, 2013).

The Indonesian Ministry of Health estimates that birth aid by herbalists still dominates, especially in rural areas, reaching 75% to 80%. In the last 30 years, efforts made by the government have indeed been able to reduce MMR, which in 2020 MMR in Indonesia has reached 230 per 100,000 births. But if you look at the downward trend, it is still very slow.

MMR in Indonesia is still the highest in Southeast Asia and is still far from the global SDGs target to reduce MMR to 183 per 100,000 KH by 2024 and less than 70 per 100,000 KH by 2030. This condition indicates the need for more strategic and comprehensive efforts, because to achieve the MMR target of falling to 183 per 100,000 KH in 2024, at least a reduction in maternal mortality of 5.5% per year is needed. The decline in MMR in Indonesia is still far from the SDGs target to be achieved in 2030 even Indonesia is not expected to be able to achieve the Sustainable Development Goals (SDGs) target of 70 per 100,000 live births (Ministry of Health of the Republic of Indonesia, 2018).

The direct causes of maternal death were hypertensive disorders in pregnancy (33.1%), obstetric hemorrhage (27.03%), non-obstetric complications (15.7%), other obstetric complications (12.04%), pregnancy-related infections (6.06%), and other causes (4.81%). This cause of maternal death shows that maternal death can be prevented if the coverage of services is accompanied by good quality of service. The incidence of maternal deaths was 77% found in hospitals, 15.6% at home, 4.1% on the way to hospitals/health facilities, and 2.5% in other health care facilities (SRS 2016).

Maternal health as part of public health is described as increasing if there is a decrease in MMR. Improving maternal health in Indonesia itself is the goal of sustainable development, namely all health issues in the SDGs are integrated into one goal, namely goal number 3, which is to ensure a healthy life and encourage welfare for all people at all ages where one of the unresolved problems is addressed including efforts to reduce MMR (SDGs, 2015).

Ministry of Health policy in the last decade has emphasized that every delivery is assisted by health workers in order to reduce maternal mortality and infant mortality. However, even though childbirth is assisted by health workers but is not carried out in health care facilities, it is considered to be one of the causes of high MMR. Therefore, starting in 2015, the emphasis on safe childbirth is assisted labor by health workers in health care facilities. Therefore, the Ministry of Health's Strategic Plan for 2015-2019 stipulates childbirth in health care facilities as one of the indicators of maternal health efforts, replacing childbirth assistance by herbalists (Ministry of Health RI, 2016). Childbirth in health care facilities is one of the key elements of reducing maternal and newborn mortality. It is important to ensure that mothers give birth in appropriate places, where life-saving equipment and hygienic delivery conditions will help mothers and their babies avoid the risk of complications that can cause maternal pain and death (Aeni, 2013).

Handling efforts that have been carried out include in 2001 the National Strategic Plan for Making Pregnancy Safer (MPS) was launched. MPS has a key message that every

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delivery is assisted by trained health workers, every obstetric and neonatal complication receives adequate services, every woman of childbearing age (WUS) has access to prevention of unwanted pregnancies and treatment of miscarriage complications (Ministry of Health RI, 2012).

Riskesdas 2018 in North Sumatra Province, as many as 6.2% of childbirth helpers were helped by shamans and 71.8% were helped by midwives. Meanwhile, from the Indonesian Health Profile (2020), childbirth assisted by health workers in 2020 in Indonesia was 89.8%. While pregnant women who undergo childbirth with the help of health workers in health care facilities by 86%. It can be said that there are still 3.8% of deliveries assisted by health workers but not carried out in health care facilities. This difference has increased compared to 2019, which was 2.2%. In that year, the achievement of childbirth assisted by health workers amounted to 90.95% and the achievement of childbirth assisted by health workers in health facilities amounted to 88.75%. The indicator of childbirth assisted by health workers in health facilities in Indonesia in 2020 has not met the 2020 RENSTRA target, which is 86% against the target of 87%. DKI Jakarta Province has the highest achievement of 99.6%, while North Sumatra 81.9%

The utilization of maternity assistance by professionals (midwives) in the community is still very low compared to the expected target. This is due to maternal factors such as knowledge of the selection of birth attendants, to utilize experts in childbirth assistance, and the reach of health services. Childbirth in health care facilities is one of the key elements of reducing maternal and newborn mortality. In 2021, the percentage of maternity in health workers is 70%, where labor is still high assisted by shamans. When viewed from the results of childbirth coverage by health workers in January-September 2022, in the working area of the Lahomi Health Center of 41%, it is still below the target set by West Nias Regency of 46%.

Childbirth assisted by paraji shamans is not uncommon to find factors at the time of delivery that are not detected by paraji shamans such as 4T (Too), namely too young (35 years), too many (number of children >4), and too close (the distance between labor and last pregnancy < 2 years). In addition, paraji shamans have limited knowledge about labor danger signs, lack of skills, lack of tools and drugs so that they are not fast in detecting cases of labor complications that should be handled quickly and precisely so that 3T (delay) occurs, namely late in recognizing danger signs, late referring and late getting help immediately (Purwoastuti and Walyuni, 2015).

From Dewi's previous research (2012), the results of the study proved that there was a meaningful relationship between the provision of counseling and the selection of labor helpers. The low number of maternity assistance by health workers is due to the lack of counseling or information on childbirth planning programs and prevention of complications to the community by health workers on the selection of birth attendants.

Based on a preliminary study conducted in one of the working areas of the Lahomi Health Center, namely in Onolimbu Village, five (5) maternity mothers were found to give birth to baby healers. Giving birth in their own homes is helped by shamans. This is due to low knowledge of the risks of giving birth in a shaman. Those who decide to give birth with

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a birth attendant with more experienced considerations, culture passed down from parents, and easy to call home and low cost and still believe in the shamanic world.

From January-August 2022, in Onolimbu Village, there are 35 maternity mothers. Of the 35 maternity mothers, 25 deliveries were assisted by health workers and 10 maternity mothers were assisted by non-health workers. There are two village midwives on duty in Onolimbu Village and four paraji shamans. Based on these data, it can be seen that in Onolimbu Village there are still many deliveries carried out by paraji shamans.

There has never been a death of a mother and baby helped by a shaman. It's just that this cannot be allowed to continue because indirectly there can be side effects on mothers and babies who give birth helped by midwives, and midwives have also been placed in the work area of the Lahomi Health Center. There has never been any training of birth attendants. There has never been any government attention because reports in the Health Office have never had childbirth assisted by shamans while the reality is much different on the ground.

METHODS

This type of research uses Pre-Experiment, which is a research design used to find cause and effect with the involvement of researchers in manipulating independent variables (Nursalam, 2016). This study uses parametric statistical analysis, which is the statistical part whose parameters of the population follow a certain distribution (Sugiyono, 2016).

The study used a one-group pretest-posttest design, a technique to determine the effects before and after treatment (Sugiyono, 2017). The goal is to see the influence of health education on the selection of birth attendants on the knowledge of pregnant women in Onolimbu Village in 2022.

The location of the research was carried out in the Working Area of the Lahomi Health Center, namely in Onolimbu Village, Nias. As for the reason the researchers chose the location because of the problem of many mothers who gave birth not in the proper birth attendant place, the title had never been studied before and the location was easy to reach. The research was carried out starting from July 2022 since the title was approved by the supervisor and the initial survey was carried out in June 2022, starting from the initial survey until October 2022 data collection and research.

The population in this study was all pregnant women in the Working Area of the Lahomi Health Center, namely Onolimbu Village, as many as 32 people. The sample used was third trimester pregnant women who visited the Lahomi Health Center for pregnancy checks, who met the inclusion and exclusion criteria and were willing to be respondents.

The inclusion criteria in this study are:

a. Can read and write.
b. Gestational age 29-42 weeks.
c. Mothers who have given birth before.

The exclusion criterion is to omit or exclude subjects who do not meet the inclusion criteria.

a. Mothers who experience complications in pregnancy.

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b. Mothers who know the condition of the fetus with abnormalities.

Sampling is part of the population taken from the entire object of research used as research material where the part represents the entire population. The sampling technique in this study is the Purposive Sampling technique, which is sampling for those based on a certain consideration, namely anyone who checks pregnancy at the Lahomi Health Center who meets the inclusion and exclusion criteria. The number of samples was obtained as many as 22 people. The ethical issue of health research is a very important issue in research, considering that health research is directly related to humans, the ethical aspect of research must be considered.

Data collection is the process of approaching the subject and the process of collecting subject characteristics needed in a study (Nursalam, 2018). Data collection began after receiving a permit for the implementation of research and educational institutions of the University of Hajj North Sumatra, then came to the Lahomi Health Center, to ask for a letter of approval to conduct research at the Lahomi Health Center, West Nias Regency, gave a research permit and asked for permission to conduct research. After getting a reply letter for research permits, conducting research on pregnant women at the Lahomi Health Center then gathering them at the Onolimbu Village Hall on October 10, 2022 then giving a letter of approval to become a respondent willing to be a respondent and respondents willing to sign a letter of consent to become a respondent (informed consent) to participate in this study, then the researcher explained about the purpose, benefits, and the process of filling out questionnaires. The study consisted of one group that would be given intervention to respondents starting with pre-test (01) then given health education intervention (X) which was carried out 1 meeting for 1 hour, and post-test (02) was carried out on respondents to identify changes in knowledge in pregnant women. In this study, health education was carried out 1 meeting for 1 hour. With details of the opening 10 minutes, respondents were first given a pre-test, 30 minutes of material delivery, 20 minutes of discussion. After completing providing health education, respondents were directed to answer questionnaires again to assess knowledge after health education. After completing the filling, questionnaires were collected to the researchers to be processed, and at the end of the meeting respondents were distributed leaflets and souvenirs as thanks.

The instrument used in this study is in the form of a questionnaire sheet, where the answer has been determined by the researcher and respondents just choose from the answers that have been provided. In the first part of this research instrument contains demographic data of respondents including: age, education, occupation, income, parity, pregnancy checks, childbirth costs. Fill in the checklist sheet by giving a checklist mark to the answer choices that have been provided. The types of data used in this study were primary data and secondary data obtained from the Lahomi Health Center. For knowledge variables, use the questionnaire directly on the checklist sheet.

In this study, the measuring instruments used are standard measuring instruments based on literature and there are already researchers who have researched with the same title, which have been taken by researchers counseling pregnant women about the selection of birth attendants in Dharmasraya Regency (Sukmawati et al, 2022) with a test

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value of the validity of labor helpers of 0.684, knowledge variables of 0.830, and attitude variables of 0.884. While in Cronbach's Alpha method a measuring instrument is said to be really if the coefficient obtained >0.60. So it can be known that the measuring instrument used by the author has been correct so that researchers do not need to test validity and reliability in this study.

Univariate data includes demographic data in the form of name/initials, age, last education, occupation, income, parity, pregnancy checks, childbirth costs. Data on the frequency distribution of each variable before and after health education education using descriptive statistical calculations are then displayed in the form of frequency and percentage distribution tables.

To see the influence between the independent variable (health education) and the dependent variable (knowledge). Conducted to determine the difference in knowledge before and after health education is carried out. Normal distributed data will use the paired sample t-test statistical test. This statistical test is expressed as meaningful if the p value < 0.05 at a 95% confidence level. With criteria: Ha: the influence of health education on the selection of birth attendants on the knowledge of pregnant women in Onolimbu Village.

RESULTS AND DISCUSSION

Univariate Analysis

Characteristics of Respondents

The sample size in this study was 22 pregnant women in Onolimbu Village in 2022. This study was grouped based on age, education, occupation, income, parity, pregnancy checks, previous labor costs, and previous birth attendants. The characteristics of respondents are outlined in table 1 as follows:

Table 1. Characteristics of Respondents in Onolimbu Village in 2022

No	Demographic Data	Frequency	Presentase (%)
1.	Age		
	≤20 years	1	4,5
	21-35 years	16	72,7
	>35 years	5	22,7
2.	Education		
	Lower Education (SD, SMP)	13	59,1
	Higher Education (SMA, PT)	9	40,9
3.	Work		
	Not Working	15	68,2
	Work	7	31,8
4.	Income		
	Low	15	68,2
	Tall	7	31,8
5.	Parity		
	0-≤2 children	3	13,6
	>2 children	19	86,4

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No	Demographic Data	Frequency	Presentase (%)
6.	Pregnancy Check-up		
	Never	13	59,1
	1-2 times	7	31,8
	>2 times	2	9,1
7.	Previous Childbirth Costs		
	Expensive	22	100
	Cheap	0	0
8.	Previous Birth Attendants		
	Shamans	15	68,2
	Midwife	7	31,8

Based on Table 1 above, it is known that the characteristics of respondents based on age are the majority aged 21-35 years as many as 16 people (72.7%). Education respondents are the majority of low-educated as many as 13 people (59.1%). The majority of respondents are unemployed as many as 15 people (68.2%). The income of respondents is the low majority of 15 people (68.2%). The parity of respondents was that the majority of pregnant children >2 children as many as 19 people (86.4%). The majority of respondents were never prenatal check-ups as many as 13 people (59.1%). The previous cost of childbirth respondents was the majority expensive as many as 22 people (100%). And the previous birth attendants respondents were the majority of shamans as many as 15 people (68.2%).

Knowledge Before Health Education in Onolimbu Village in 2022

Knowledge data before and after health education in Onolimbu Village in 2022 can be seen in table 2 below:

Table 2. Frequency Distribution of Knowledge Before Health Education in 2022

Knowledge	Pretest	
	F	%
Not Good	19	86,4
Good	3	13,6
Total	22	100

Based on Table 2, it shows that the majority of respondents were in the poor category, namely 19 people (86.4%).

Knowledge After Health Education in Onolimbu Village in 2022

Knowledge data after being given health education in Onolimbu Village in 2022 can be seen in table 3 below:

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Tabel 3. Distribusi Frekuensi Pengetahuan Sesudah Diberikan Pendidikan Kesehatan Tahun 2022

Knowledge	Posttest	
	F	%
Not Good	2	9,1
Good	20	90,9
Total	22	100

Based on Table 3, it shows that the results of posttest knowledge of the majority of respondents are in the good category, which is as many as 20 people (90.9%).

Normality Test

The normality test is performed to determine whether the data is normally distributed or not and determine the statistical test to be used.

Table 4. Data Normality Test with Shapiro-Wilk

Knowledge	p-value	Information
Before	0,000	Abnormal
After	0,000	Abnormal

From Table 4 where the normality test using the Shapiro-Wilk test obtained the value of ρ before counseling = 0.000 and the value of ρ after counseling = 0.000 which means ρ < 0.05 which shows that the data is abnormally distributed, then statistical tests can be continued with alternative tests, namely the Wilcoxon test to determine the effect of differences in health education on the knowledge of pregnant women in the selection of helpers childbirth in Onolimbu Village.

Bivariate Analysis

The Influence of Health Education on the Knowledge of Pregnant Women in the Selection of Birth Attendants in Onolimbu Village

This analysis is used to determine the influence between two variables, namely whether there are differences in knowledge of pregnant women in the selection of birth attendants before and after being given health education with the statistical test used, namely the Wilcoxon test can be seen in table 5 below:

Table 5. Knowledge of Pregnant Women in the Selection of Birth Attendants Before and After Health Education in Onolimbu Village in 2022

Knowledge	Median (minimum-maximum)	Z	Ranking Changes	F	p value
- Before	0,00	-4,123	Negative Ranking	0	0,000
- After	1,00		Positive Ranking	17	
			Ties	5	

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Information:

a. Negative ranking is a change in knowledge of pregnant women in the selection of birth attendants before and after providing health education from "not good" to "good"
b. Positive ranking is a change in knowledge of pregnant women in the selection of birth attendants before and after providing health education from "good" to "not good"
c. Ties is that there is no change in the knowledge of pregnant women in the selection of birth attendants before and after the provision of health education

From table 5 it can be seen that the knowledge of pregnant women in the selection of birth attendants after being given health education is higher than the knowledge of pregnant women before being given health education, indicated by the mean values of 0.14 (Pre) and 0.91 (Post) respectively. The results of changes in decision-making rankings are known to 2 pregnant women did not experience changes before and after being given health education.

Based on the results of statistical tests using the Wilcoxon Test, it is known that p values (0.000) < α (0.05) mean that Ho is rejected, so there are differences in knowledge of pregnant women in the selection of birth attendants before and after being given health education. This result proves that there is a significant influence of health education with the knowledge of pregnant women in the selection of birth attendants in Onolimbu Village in 2022.

Discussion

Knowledge of Pregnant Women Before Being Given Health Education About the Selection of Birth Attendants

In this study, knowledge was obtained before health education was given about the selection of birth attendants, the majority of pregnant women with low knowledge as many as 19 people. Before being given health education, the majority of respondents had less knowledge where from their answers they got many answered incorrectly on supposedly checking pregnancy should not be in a clinic / puskesmas, mothers stated that herbalists can massage the belly of pregnant women, not only ages 20-35 who are safe to get pregnant and give birth, mothers do not know about childbirth problems that can occur, childbirth can be done at home alone, Birth attendants do not have to be midwives, do not know there must be preparation for blood donors, and do not know the signs of labor that occur and the experiences of others who are helped by health workers with cases of bleeding one person to death when referred.

This is in line with research conducted by Hidra (2018) in the Working Area of the Pasir Putih Health Center, Muna Regency in 2016 that there is a relationship between knowledge and the selection of labor helpers in the working area of the Pasir Putih Health Center, Muna Regency. Mothers who are less knowledgeable about the selection of birth attendants are caused by lack of counseling or information about the selection of good labor helpers for health workers or non-health workers during labor. Most pregnant

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women do not know clearly the benefits and objectives of the selection of labor helpers themselves so that the selection of labor helpers becomes less than optimal.

Knowledge according to Notoadmodjo (2012) is the result of information that is then noticed, understood and remembered. In the process, knowledge is the result of knowing after sensing a person in one particular object, but most human knowledge is generated from the eyes and ears. Before health education, the majority in the category of poor knowledge and after health education, the majority in the category of good knowledge.

In accordance with the theory, the level of knowledge is influenced by several factors including age, education, parity and pregnancy checks. From the results of the research that has been conducted, it was found that the majority of respondents aged 20-35 years as many as 16 people, the majority of respondents with low education as many as 13 people, the majority of respondents parity >2 as many as 19 people and the majority of respondents have never checked their pregnancy as many as 13 people.

Age is behind a person's mindset or perspective, the more mature a person's age should be, the more logical or mature the person's mindset (Wulan & Hasibuan, 2020). Parity is the number of live births a woman has experienced. According to Sarwono (2012), mothers who have given birth more than once have the assumption that they are experienced so that previous childbirth experience can influence mothers in choosing labor helpers.

Pregnancy examination (ANC) is a health service provided to pregnant women during their pregnancy in accordance with antenatal service standards (Badriah, 2012). The availability of service facilities turns out to have a positive impact on pregnancy checks which will increase the possibility of respondents to give birth to health workers (Gulam, 2017). According to the researchers' assumptions, the role of midwives is needed to maintain good maternal knowledge and increase the knowledge of mothers who are lacking by providing intensive health education about the selection of good birth attendants.

Knowledge of Pregnant Women After Being Given Health Education About the Selection of Birth Attendants

The results of the study after being given health education, the majority of respondents had good knowledge, which was as many as 20 people. After being given health education, respondents' knowledge became good by knowing things that were not known before so they knew and were more concerned about their pregnancy, willing to visit ANC, give birth at health facilities, and choose birth attendants are midwives and pregnant women know that the case of death of pregnant women due to bleeding that has occurred was because they were helped by health workers who were still educated D1 and did not have permission practice. In line with research conducted by Wardani (2020) that there is a significant knowledge relationship with the selection of birth attendants p = 0.001 in the Working Area of the Puskesmas Pakuhaji District, Tangerang Regency, Banten Province in 2020.

From the results of the study, the majority of respondents had low education as many as 13 people. A person's level of education determines how much knowledge he has.

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Pregnant women with low education have a lack of understanding of health problems, which affects their attitude towards birth attendants. The level of education is very influential on knowledge, especially in the formation of behavior. The higher one's level of education, the higher one's awareness of something and the more mature one's consideration in making decisions (Notoatmodjo, 2012).

Based on employment, the majority of respondents did not work/IRT as many as 15 people. Working women have better access to health information. It is estimated that working women get more information or counseling about birth attendants obtained through coworkers, electronics, seminars, and others (Masita, 2012). Based on income, the majority of respondents were low as many as 15 people. The lower the family's income, the lower the number of maternal visits to health care facilities to check pregnancy, or childbirth.

Pregnant women with low family income prioritize meeting basic needs for their families so that other things become neglected, including the health of their pregnancy (Rachmawati, Puspitasari and Cania, 2017). The cost of childbirth previously the majority of respondents said it was expensive both in midwives and in herbalists. The cost burden has a negative impact on access to better health care services. The high cost of childbirth causes pregnant women to choose to give birth at home with the help of a baby shaman. The amount of costs that must be incurred by pregnant women in the process of childbirth, is a consideration for mothers in choosing their labor helpers. Moreover, supported by low socio-economy, a mother prefers to give birth to a shaman. One of the reasons people choose shamans as birth attendants is because the payment process for birth attendant services is more familial, can be paid in installments, and does not have to use a down payment. Childbirth assistance by health workers is still considered expensive, because they have to provide down payments for guaranteed care for mothers who will give birth (Masita, 2012).

The results in Table 3 show that there are 2 respondents whose knowledge is not good in the selection of birth attendants. This is because respondents still believe in shamans to help give birth. According to the assumption of researchers, knowledge is considered good if someone makes the right decision related to the problem at hand, but those who have low knowledge will make the opposite decision.

The Effect of Health Education on the Selection of Birth Attendants on the Knowledge of Pregnant Women in Onolimbu Village

Based on the results of the study, it can be seen that the knowledge of pregnant women after being given health education is better than before being given health education, indicated by the mean values of 0.14 (Pre) and 0.91 (Post) respectively.

The results of statistical tests using the Wilcoxon Test found that p values (0.000) < α (0.05) mean that Ho was rejected, so there is an influence of health education about the selection of birth attendants on the knowledge of pregnant women. This research is in line with the results of research by Sukmawati et al (2022) which said that there was a significant difference in the level of knowledge of third trimester pregnant women before

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and after being given knowledge counseling on the selection of labor helpers with a p value of 0.00.

The results of this study showed that the percentage of the selection of birth attendants on the knowledge of pregnant women was greater than 20 people. This can be seen because of the increase in respondents' knowledge about birth attendants. According to the researchers' assumptions, health education can be considered effective enough to increase stability in the selection of labor helpers. Through the counseling approach to health education methods, there is a stimulation of views from officers regarding childbirth helpers.

CONCLUSION

The knowledge of pregnant women before being given health education about the selection of birth attendants was not good as many as 19 people. The knowledge of pregnant women after being given health education about the selection of birth attendants is the majority of 20 people. There is an influence of health education on the knowledge of pregnant women in the selection of birth attendants in Onolimbu Village in 2022.

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