

## Gynecology &amp; Reproductive Health

## Determinant Factor Psychosocial and Medico Obstetric in Referral Patients with Complication at The Hospital of Education Network in Makassar City Between 01 January- 31 March 2018

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**Received:** 28 February 2019; **Accepted:** 18 April 2019

**Citation:** Retno Budiati Farid, Nasrudin Andi Mappaware, Mohammad Khaerumayansyah, et al. Determinant Factor Psychosocial and Medico Obstetric in Referral Patients with Complication at The Hospital of Education Network in Makassar City Between 01 January-31 March 2018. *Gynecol Reprod Health*. 2019; 3(2): 1-5.

### ABSTRACT

**Background:** Maternal Mortality Rate (MMR) is one indicator to see the health status of women AKI is also one of the targets set in the Millennium Development Goals (MDGs), namely improving maternal health where the target to be achieved until 2015 is reducing to  $\frac{3}{4}$  the risk of maternal mortality.

**Objective:** Finding out whether the psychosocial determinants and obstetric medico effect on decision making refers to complications in the obstetric field.

**Method:** The type of research used was observational research with cross sectional study design. The population of the study were all maternity patients and referred to the 70-school network education hospital with the sample of 70 respondents.

**Result:** Results of the study showed that parity ( $p = 0,013$ ), pregnancy distance ( $p = 0,000$ ), poor obstetric history ( $p = 0.013$ ) with complications at Network Hospital in Makassar City.

**Conclusion:** The results showed that the determinant factor of Medico obstetric more dominant influence on maternity referral with complication compared with psychosocial factor.

### Keywords

Psychosocial factors, Medico obstetric, Referral.

### Introduction

#### Background

Psychosocial Determinants and obstetric Medico in patients with complications in hospitals in Makassar City period January-March 2018 was prepared in the framework of International Papers Research with reference to National Health Insurance (JKN) is the implementation of Law No. 40 of 2004 on the System the National Social Security Coverage (UHC) that forces participants to follow a referral system to obtain comprehensive, affordable, affordable,

yet quality health services [1]. The implementation of this SJSN clearly requires the improvement of access and quality of health services, both in first-class health facilities and advanced health facilities, and improvement of health care referral system. The proactive service is "National Referral System".

In Article 5 of PMK No. 001 of 2012, it is stated that the referral system is required for participants of health insurance or social health insurance as well as health care providers. With the National Referral System, it is possible to recognize groups of high-risk groups that require special treatment not available in primary health services such as Puskesmas [2]. Referral of health services

starting from primary health care and forwarded to secondary and tertiary services which can only be provided if any referral from primary or secondary services, at least at the City Hospital [2].

It is known that out of 86% problematic referral systems in achieving access to health services 40.5% are problematic with distances that impact obstetric complications. Constraints in the implementation of referrals affect maternal and perinatal deaths. There are three "late" influencing maternal / perinatal deaths that are late in recognizing hazards and making decisions referring, of late reaching referral health facilities and of late getting adequate services at the referral facility [1,2].

Maternal Mortality Rate (MMR) is one of the indicators to look at women's health status - MMR is one of the targets set in the Millennium Development Goals (MDGs), which is to improve maternal health where the targets to be achieved until 2015 are reduced to sampai the risk of maternal mortality. The maternal mortality rate in Makassar City shows a decrease from 20.33 / 100.000 KH in Year 2014 to 19,85 / 100,000 KH in 2015, where 5 maternal deaths from 25,181 live births in Makassar City. There are 3 causes of maternal mortality in Makassar City, 2 cases caused by bleeding, preeclampsia and severe preeclampsia and edema.

There is a significant difference between the maternal mortality rate in eastern Indonesia (KTI) at 2%, while in Java-Bali only 0.7%. This reflects the existence of different patterns of death in terms of geography, access, and quality of health services and human resources. Obstetric complications greatly affect the referral system and some psychosocial determinants and obstetric medico. This is a complex issue because it involves many things, namely health status including reproductive health status and mother's nutritional status before and during pregnancy. The incidence of obstetric complications is present in approximately 20% of all pregnant women, but the case of obstetric complications established for early 2012 through the end of 2016 is at least 12% of all pregnant women (or 60% of obstetric complications). The increase in cases of complications above is due to psychosocial and medicoobstetric determinants. Psychosocial determinants such as age, income, motivation, education, employment and trust. Medico-obstetric determinants such as Parity, gestational age, ANC history, history of poor labor, obstetric complications and facility referral types.

In Makassar there is a central general hospital, Dr. Wahidin Sudirohusodo (RSWS) with the highest status of type of hospital (type A), while the underlying strata is with other hospital networks and maternity hospitals especially mother and child (such as RSKDIA Pertiwi, RSKDIA St. Fatimah and RSIA St. Khadijah 1) provincial government, local government and private sector, especially in this case involves referral cases with psychosocial determinants and obstetric medico.

Referral systems in the field of obstetrics basically have the intent and purpose to provide services in accordance with the required pregnant women in particular who need to be referred for specialist treatment plus good facilities, good surgery techniques take place

more asepsis, anesthesia techniques get better, postoperative comfort and length of care becomes shorter so that it can reach the level of health of pregnant women, maternity, and postpartum optimal. With a good referral system, it is expected that high-risk cases can be dealt with more quickly, promptly and sustainably, ultimately maternal and child mortality as a benchmark for reproductive health services can be decreased in addition to the perennial and maternal morbidity and mortality can be significantly decreased [3].

### Research Objective

- To identify the psychosocial determinant factor in referral patient of Jejaring Hospital.
- Identify the determinants of obstetric medico in referral patients in Jejaring Hospital.
- Comparing the referral system to psychosocial determinants and obstetric medico factors with the number of referral cases and complications in RS Jejaring.

### Materials and Methods

The location of the study was the Jejaring Hospital in Makassar City. The reason the researchers chose this location because Jejaring Hospital is one of the Education Hospital in Makassar. Makassar city has a large population, this is proven by the population exceeds the population of other districts, so it is possible to conduct research with cross sectional study method.

Types of Research, Population, and Sample Research The type of research used is observational with cross sectional study design. The population of this study is all pregnant women who have been married in Makassar Education Hospital amounting to 70 people [4]. Sampling is done by proportional stratified random sampling [5]. This sampling technique is considered suitable because the population in this study is heterogeneous, where there are different levels of education and the presence of different characteristics of respondents such as Mother Age, Regional Ethnicity, Religion, Education Level, Occupation, Parity, Pregnancy Distance, Bad Obstetric History with Referral Hospital Network.

Research sample is calculated proportion of estimated subjects =  $11-fx2(2\alpha + 22-P (100-p) p1-p2$  with Number of samples in the study of 70 respondents.

### Data Collection and Data Analysis

Primary data obtained by researchers from data Number of pregnant women referred to in Makassar City Data analyzed are presented in the form of distribution tables and graphs to describe psychosocial determinants and obstetric risk factors in maternal and child complications in maternal and child hospital in Makassar city from January to March 2018.

### Results

This study was conducted at Hospital Network in Makassar. the data collection took place during the 90 days from the date of January 1, 2018 until March 31, 2018. the number of samples in this study were 70 respondents. The data have been obtained is

then processed and presented in the form of distribution table in accordance with the purpose of research as an explanation table. Based on the results of processing data that has been in do then be presented in the form of tables as follows:

Characteristics		N=70	Percentage (%)
Education	Good	32	45.7
	Poor	38	54.3
Jobs	House wife	1	1.4
	Business	46	65.7
	Petani	10	14.3
	Government worker	13	18.6
Source of cost	> 2,5 Million	44	62.9
	< 2,5 Million	26	37.1

**Table 1:** Characteristics of Respondents of the study based on characteristic education, Employment, Source Cost, Parity, Labor Distance, Obsidial History Bad to Reference RS Network.

Education Highestis Good as much as 32 (45,7%), Less as much as 38 (54,3%). Work Most of theis entrepreneur 46 (65,7%), civil servant 13 (18,6%), farmer 10 (14,3%). IRT of 1 (1.4%).

Thecost source most is > 2.5 million as many as 44 (62.9%), <2.5 million as many as 26 (37.1). Theparity highestis low risk of 61 (87.1%), high risk of 9 (12.9%). Distance Birth most is the distance 2-3 years as much as 42 (60%), distance 1 year as much 28 (40%). The common obstetric history mostwas high risk 59 (84.3%), low

risk of 11 (15.7%).

### Analysis of Inter-Variable Relations

To see the relationship between independent variables with dependent variables used cross tabulation followed by Chi Square analysis.

The level of education of the patient is related to Referral of Jejaring Hospital, from 70 respondents, good education level as much as 11 (15,7%) referring to network of network, 21 (30%) do not refer RS network. Education level is less as much as 17 (24,3%) that referring to network of network, as many as 21 (30%) do not refer RS network. The result of the stastistic test shows that there is no significant correlation between education level with Referral of Jejaring Hospital, where the value  $P = 0,378 < \alpha 0,05$ .

The work of the patient is related to the Referral of Jejaring Hospital, from 70 respondents, 1 (1.4%) of IRTs referring to 0 (0%) network hospitals that do not refer to network hospitals. Entrepreneurs as many as 18 (25.7%) who refer to networking network, as many as 28 (40%) who do not refer the network hospitals, farmers as much as 2 (2.9%) that referring to network network, as many as 8 (11.4%) referring RS network, civil servant as much as 7 (10%) that referring to network of networking, as much as 6 (8,6%) which do not refer RS network. The result of the stastistic test shows that there is no significant correlation between the work with RS Jejaring Hospital, where  $P = 0,239 < \alpha 0,05$ .

		Referral in Network Hospital n= 70				Total		P
		Yes		No		Jumlah	%	
		n	%	N	%			
Age	High Risk	7	10	1	1,4	8	11,4	$X^2 = 8,491$ $P = 0,004$
	Low Risk	21	30	41	58,6	62	88,6	
Tribal Area	Bugis	19	27,1	30	42,9	49	70	$X^2 = 3,570$ $P = 0,312$
	Makassar	5	7,1	6	8,6	11	15,7	
	Toraja	3	4,3	1	1,4	4	5,7	
	Jawa	1	1,4	5	7,1	6	8,6	
Religion	Islam	21	30	39	55,7	60	85,7	$X^2 = 4,375$ $P = 0,036$
	Cristian	7	10	3	4,3	10	14,3	
Education Level	Good	11	15,7	21	30	32	45,7	$X^2 = 0,777$ $P = 0,378$
	Poor	17	24,3	21	30	38	54,3	
Jobs	Housewife	1	1,4	0	0	1	1,4	$X^2 = 4,220$ $P = 0,239$
	Business	18	25,7	28	40	46	65,7	
	Farmers	2	2,9	8	11,4	10	14,3	
	Government worker	7	10	6	8,6	13	18,6	
Paritas	High risk	7	10	2	2,9	9	12,9	$X^2 = 6,141$ $P = 0,013$
	Low risk	21	30	40	57,1	61	87,1	
Labour Interval	High risk	28	40	0	0	28	40	$X^2 = 70,000$ $P = 0,000$
	Low risk	0	0	42	60	42	60	
Poor Obstetric History	High risk	7	10	2	2,9	9	12,9	$X^2 = 6,141$ $P = 0,013$
	Low risk	21	30	40	57,1	61	87,1	

**Table 2:** The correlation between age, ethnic regions, religion, education, Employment, Cost Source, Parity, Distance Delivery, History Obsestri sorted by Referral Hospital Network.

The parity was patient's related to the Referral of Jejaring Hospital, from 70 respondents, 7 (10%) high risk referring to network hospitals, as many as 2 (2.9%) who did not refer the network. Low risk parity as much as 21 (30%) that referring to network hospitals, as many as 40 (57.1) who do not refer to network hospitals. The result of statistic test shows there is a significant correlation between Parity with Reference RS Jejaring, where the value  $P = 0,013 < \alpha 0,005$ .

The birth distance of the patient is related to the Referral of Jejaring Hospital, a high risk of as much as 28 (40%) referring to network hospitals, 0 (0%) which do not refer to network hospitals. Low risk parity as much as 0 (0%) that referring to networking network, as many as 42 (60%) who do not refer RS network. The result of the statistic test shows that there is a significant correlation between Parity with Reference RS Jejaring, where the value  $P = 0,000 < \alpha 0,00$ .

Poor Obstetric History of the patient is related to Reference of Jejaring Hospital, 7 (10%) high risk referring to network hospitals, 2 (2.9%) who do not refer network RS. Low risk parity as much as 21 (30%) that referring to network hospitals, as many as 40 (57.1) who do not refer to network hospitals. The result of the statistic test shows that there is a significant correlation between Bad Obstetric History with Reference of Jejaring Hospital, where  $P = 0,013 < \alpha 0,00$ .

## Discussion

### Relation of educational level with Referral of Jejaring Hospital

There is no correlation between education level and Referral of Jejaring Hospital significantly. where  $p = 0.0378 < \alpha 0.05$ . Level of education with referral RS Network shows that mothers with a good level of education will make referrals to network hospitals. Maternal education level from the results of this study indicates that there is no relationship between maternal education level with Referral of Jejaring Hospital. This research is different from Margretha I, research indicating that there is no correlation between education level of mother with referral of Jejaring Hospital [6]. Employment Relations with Network Referral Network. No relationship Working with Referral RS Network significantly. where  $p = 0,239 < \alpha 0,05$ . In contrast to research Hutabalian [7]. In Medan which shows that there is a relationship between Mother's Work with Referral Hospital Jejaring.

The better a job is, the more able they are to be independent in making decisions about themselves, especially the network referral decisions. The maternal work of other research results indicates that there is no relationship between maternal level of employment and referral of Jejaring Hospital.

### Relationship of Parity with Referral of Hospital Network

There is a relation of Parity Mother with Referral of Jejaring Hospital significantly. where  $p = 0.013 < \alpha 0.05$ . In line with the discovery of Djamhoer which indicates that there is a relationship between the parity of the mother with Referral RS Jejaring [1]. The higher the parity of women, the riskier they will be in making

decisions about themselves will refer to the network.

### Relationship of Birth Distance to Referral of Network Hospital

There is a significant correlation of labor distance with referral of Jejaring Hospital. where  $p = 0.00 < \alpha 0.05$ . This study in accordance with Gabriellyn Sura Pongsibidang shows that there is a relationship between the distance of pregnancy with Reference RS Jejaring [8-13]. and supported by Djamhoer [1].

### Relationships Bad Obstetric History with Referrals RS Networks

There is a relationship Bad maternal obstetric history with significant Jejaring RS referral. where  $p = 0.013 < \alpha 0.05$ . In line with Mulyati I. research indicating that there is a relationship between bad obstetric history with referral of Jejaring Hospital [12].

## Conclusion

Psychosocial determinants and obstetric Medico in referral patients in network hospitals based on the results of the study throughout January 2018-March 2018 at a network hospital within the area of Makassar City. With incidence rates of psychosocial complications and obstetric medico. Therefore, data and information are an important source in the implementation of this research, as input material in decision making process and in case of referral plan RS Jejaring.

### From the description of the results of this study it can be concluded as follows:

- There is a relationship between Age, Religion, Parity, the distance of labor, and bad obstetric history with References RS Network.
- There is no relationship between tribes, education level, work unrelated to Referral of Jejaring Hospital.

## Suggestions

- To women of child-bearing age to increase their knowledge about pregnancy, because the results show that the higher the level of knowledge about pregnancy the better the handling.
- To health agencies, should often make promotional efforts regarding Pregnancy, such as counseling about the dangers of pregnancy complications and sources of information about the referral system.
- Attempts to establish a family planning program that aims to delay pregnancy, regulate pregnancy distance or prevent pregnancy if the desired number of children has been achieved.

## References

1. Djamhoer. PT BinaPustakaSarwonoPrawirohardjo. Obstetrics and Social Gynecology. 2011.
2. [https://www.bpjsketenagakerjaan.go.id/assets/uploads/tiny\\_mce/Peraturan%20inggris/07112016\\_081646\\_EN\\_UU%20No%2040%20Tahun\\_2004%20tentang%20SJSN\\_1.pdf](https://www.bpjsketenagakerjaan.go.id/assets/uploads/tiny_mce/Peraturan%20inggris/07112016_081646_EN_UU%20No%2040%20Tahun_2004%20tentang%20SJSN_1.pdf)
3. Dewi Y, Fauzi H. Introduction to Caesarean section from A to Z. JakartaEdsaMahkota. 2007.
4. Evans DB, Hsu J, Boerma T. Universal Health Coverage &

- 
- Universal Access. Bull World Health Organ. 2013; 91: 546-546A.
5. Notoadmojo, Soekidjo. Public Health Sciences and Arts. Jakarta RinekaCipta. 2007.
  6. Margaretha IG. Analysis of the factors related to the decision In choosing the 1st class, VIP and VVIP inpatient services at Bhakti Yudha Hospital: Depok. FKM UI. 2013.
  7. Hutabalian, Dintar. Effect of Internal and External Factors Mother gave birth to indications of Sectio Caesarea in Childbirth at SwadanaTaratung Regional General Hospital. USU's Public Health Faculty MastersProgram. 2011.
  8. <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/indonesian%20health%20profile%202015.pdf>
  9. Budiarti, Windi. Factors associated with delivery of Sectio Caesarea in the WIRE Health Center in Semanding sub-district, Tuban Regency. 2011.
  10. Cunningham B, Hauth, Spong. Physiology of pregnant women. Williams Obstetrics. EGC Medical. 2011; 118-119.
  11. Anderson LW, Krathwolh DR. A Taxonomy for Learning, Teaching and Assessment: A Revision of Bloom's Taxonomy of Education. New York; Wesley Edition Lonmaninc. 2011.
  12. Mulyawati Isti. Factors for childbirth surgery for Caesarean section. Public Health Journal Semarang State University. 2011; 7: 1.
  13. Pongsibidang, Gabriellyn S. Factors Associated with Regularity of Antenatal Visits in the Working Area of KapalaPitu Health Center North Toraja District. Journal of Health Epidemiology Research. 2013.