

## OWNERSHIP OF NATIONAL HEALTH INSURANCE AND ITS RELATIONSHIP WITH DELIVERY BY "DUKUN PARAJI"

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### ABSTRACT

In the last decade the government has insisted that every delivery be assisted by health workers in order to reduce maternal mortality and infant mortality. However, there are still many maternity mothers who prefer dukun paraji (shamans to help give birth). One factor is concerns about the cost and ownership of national health insurance. The purpose of this study was to analyze the relationship between ownership of national health insurance and childbirth by dukun paraji. This type of research is case-control. The research location is in the working area of the Waringin Kurung Serang Health Center - Banten in June 2023. The study sample was 50 samples of respondents divided into 25 cases of childbirth in dukun paraji and 25 deliveries in health workers. The data collected is data tracing medical records and village midwives' reports on birth attendants from May 2022 to May 2023. The bivariate analysis used is the Chi-Square test. There was a significant relationship between the ownership of national health insurance and childbirth in dukun paraji, the results of the chi-square analysis resulted in odds ratio values (OR: 8.14; 95% Confident Interval 2.29 – 28.90; p value 0.002).

Keywords: dukun; national health insurance; paraji

### INTRODUCTION

Maternal and neonatal mortality is a global health problem which is an important indicator in the success of maternal health programs as well as one of the indicators in describing the degree of public health, the World Health Organization (WHO) estimates that every day 800 women die from complications of pregnancy and childbirth (Situmorang, 2022). Even the Maternal Mortality Rate (MMR) worldwide according to WHO in 2020 has reached 295,000 cases (Takemoto, 2022). These causes both in the world and in Indonesia still revolve around three main problems, namely bleeding, pre-eclampsia, and infection. The intervention of health workers plays a role in the prevention and control of these problems. Health workers, especially midwives and doctors, are at the forefront of detecting childbirth risks and are proven to be able to reduce maternal mortality (Pristya, 2021). 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 the high maternal mortality rate. Therefore, starting in 2015, the emphasis on safe childbirth is assisted delivery by health workers in health care facilities as one of the indicators of maternal health efforts, replacing childbirth assistance by *dukun paraji* (Andriani, 2019)

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 (Wardani, 2020). In fact, in Indonesia there are still many maternity mothers who prefer birth attendants to help give birth. Many factors have led to the selection of *dukun paraji* as birth attendants, one of which is the fear of high childbirth

costs and people who do not have national health insurance or BPJS Kesehatan. According to research conducted by (Kusumaningrum, 2018) reporting the results of further analysis of Susenas 2017 data states that the ownership of health insurance in Indonesia has a significant role in the use of health workers as labor helpers.

In some areas in Serang Regency, especially the work area of the Waringinkurung Health Center, pregnant women are still found who choose to give birth to non-medical personnel such as birth attendants or paraji. In addition, there are still many people who have not taken care of the ownership of subsidized health insurance for reasons of ignorance and laziness to take care of administration. Based on this background, the author is interested in analyzing the relationship between ownership of national health insurance and childbirth by *dukun paraji* in the working area of the Waringin Kurung Health Center in 2023.

## METHOD

This study is a type of intervention research with a retrospective cohort design with a case-control type. The location used for this research is in the working area of the Waringin Kurung Health Center in Serang city – Banten province in June 2023. In this study, 50 samples will be taken to be divided into 25 cases of labor assisted by health workers and 25 cases of labor assisted by paraji. The data collected is data tracing medical records and village midwives' reports on birth attendants from May 2022 to May 2023. Univariate analysis is an analysis performed on a variable. This analysis is carried out to be able to describe the characteristics of respondents. The bivariate analysis used in this study was to determine whether there was a relationship between the ownership of national health insurance and the selection of birth attendants as birth attendants, namely the Chi-Square test.

## RESULT AND DISCUSSION

Based on the results of research (table 1) that has been conducted, it is illustrated that the majority of maternal age is the productive age, which is between 20-35 years, a total of 27 people or equivalent to 54%, in terms of parity, the majority is first childbirth or primiparous, which is 27 people, 54%, while education is evenly divided into only two categories, namely having completed junior high school and having completed or having attended high school, each 25 respondents (50%).

Table 1.  
Characteristics of Respondents (n=50)

Characteristic	f	%
<b>Age of Respondents</b>		
< 20 Years	19	38
20 – 35 Years	27	54
> 35 Years	4	8
<b>Parity</b>		
Primipara	27	54
Multiparous	23	46
<b>Education</b>		
Elementary (Elementary-Junior High)	25	50
SMA	25	50

Table 1, it can be seen that 19 (38%) mothers who give birth in *dukun paraji* do not have any health insurance and 6 (12%) others have government health insurance (BPJS) with the category of contribution assistance recipients. Meanwhile, for mothers who choose to give birth assisted by midwives, 18 (36%) have health insurance from the government (BPJS).

Table 2.  
 Cross-Tabulation of Types of Childbirth and Ownership of National Health Insurance (n=50)

Birth attendant	National Health Insurance Ownership				Total	Percentage
	It doesn't have	Percentage (%)	Have	Percentage (%)		
<i>dukun paraji</i>	19	38	6	12	25	50
Midwife	7	14	18	36	25	50

Based on the results of the chi-square analysis, the odds ratio (OR: 8.14; 95% Confident Interval 2.29 – 28.90; p value 0.002) can be concluded that a mother who does not have national health insurance is 8 times more likely to choose a *dukun paraji* as a birth attendant and is statistically significant.

Table 3.  
 Chi-Square Analysis of the Effect of National Health Insurance Ownership with Childbirth by *dukun paraji* (n=50)

Risk Estimate	Value	95% Confident Interval		P Value
		Lower	Upper	
Childbirth Odds Ratio in <i>dukun paraji</i>	8.14	2.29	28.90	0.002

This result is in line with research that states that ownership of health insurance will affect the selection of birth attendants and is statistically significant (p = 0.016). (Ismarina, 2022) The success of policy implementation related to health insurance and maternity insurance depends on human ability in understanding and implementing policies or policies. Every policy implementation demands the existence of qualified human resources to achieve the desired goals. In the maternity insurance program, health workers are needed who are able to contribute, have full responsibility and cooperate with the government in conducting program socialization. (Fadilah, 2021)

Research from the Woman Research Institute or WRI illustrates that most people's knowledge about health insurance and the importance of childbirth in health workers is still minimal and until now there are still some women who give birth do not go to midwives or health facilities that have been provided by the government but go to birth attendants. This is done because of the negative stigma from the community towards mothers who go to give birth midwifery, doctors or health facilities, another reason the community chooses birth attendants to help the birth process is because birth attendants are considered to be able to provide family services, more trustworthy because of their older age than midwives and the possibility of not being referred . (Rifiana, 2019) (Murtasidah, 2023) Strengthening management is needed to promote the ownership of health insurance and childbirth safety in health workers through activities to maximize management functions which include: planning, organizing, mobilizing, and supervising. This is very necessary because people must understand that childbirth in health services and assisted by health workers can be very cheap and even free if the mother has national health insurance. (Kadfi, 2023)

The discovery of *dukun paraji* as birth attendants is actually influenced by various other factors such as knowledge, outreach to health services, socio-cultural factors, income also determine the selection of childbirth by birth attendants. The emotional closeness of the community with the shaman is sometimes a motivation in choosing a shaman as a birth attendant. A qualitative study reported that All informants felt safe and comfortable being helped by *dukun paraji*. Another reason for the community is the cultural differences between the community, especially pregnant women and midwives assigned to the area, because most midwives are not native locals, so they are less trusted by the community and become an obstacle in the selection as birth attendants. (Hidra, 2017) (Nasir, 2020) (Purnamawati, 2021) (Sukma, 2020).

## CONCLUSION

It can be concluded that a mother who does not have national health insurance is 8 times more likely to choose a *dukun paraji* as a birth attendant

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