

The Relationship of Mother's Attitude and Husband's Support with the Selection of a Delivery Place in Mulyorejo Village, Silo District, Jember Regency

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ABSTRACT

Introduction: In 2021, at Mulyorejo there are 16.05% of mothers who are not using medical facilities. A mother died after giving birth at home. This study aims to study the relationship of mother's attitude and husband's support with the selection of a place of birth for mother-in-law at Mulyorejo district Silo district Jember.

Method: This research uses survey research design with cross-sectional design, its sampling technique is simple random Sampling. The sample consisted of 64 respondents. The study was conducted in March 2022 at Mulyorejo. Data analysis with Chi-Square.

Results: 1) The majority of mothers were positive (56.25%). The majority of the support of the husband is good support (84.37%). The majority of births are in health facilities (76.6%). 4) There is a relationship between the attitude of the mother and the choice of the place of birth for the mother in the village of Mulyorejo district of Jember with p-value = 0,000, coefficient of contingency = 0,479. 5) There is a relationship between the support of the husband and the selection of the place of birth of the mother in the village of Mulyorejo district of Jember with p-value = 0,001, coefficient contingent = 0.388.

Coclusion: The more positive the mother's attitude and the better the support of the spouse will make the mother more likely to choose to give birth in a health facility.

Keywords: *Mother's Attitude; Husband's Support; Place of Birth.*

Introduction

Birth aid by Health Energy (Naked Birth) and Birth assistance in health facilities are one of the indicators that can describe the level of protection in maternal health services. Riskesdas 2018 results showed the most widely used birthplaces are hospitals (both government and private) and healthcare practices (nakes). However, home consumption is still quite high at 16.7%.

The coverage of maternity aid by health (PN) for East Java Province in 2020 reached 97,03%. This figure has increased compared to 2019 which reached 97.00%. Related Topics: Faith as a Function of Prayer, Fait as Gift of God, Living Fasting Loyalty Praying without Ceasing Relationship with God Trust Unbelief Forgiveness Trusting Gospel Anger Doubt Fear Job Money Men & Women Law Conflict and Confrontation (East Java Health Profile, 2020).

In Jember district in 2020, the goal of achieving maternity assistance by healthcare facilities in health facilities is 100%, of the 50 Puskesmas that are in Jember Districts only 9 Puskésmas that reach the target, 41 other Puskémas have not reached the target. One of the Puskesmas that failed to reach the target was Pushesmas Silo 2 with a 99.39% achievement. The choice of place of birth is a form of health behavior. One theory for analyzing human behavior is the green theory (theory Lawrence Green). Based on the basic theory developed by Lawrence Green (1991) in Notoatmodjo (2014) explains behavior causes in influenced by predisposing factors, enabling factors (reinforcing factors)

Data in Puskesmas Silo II from 2019 to June 2021 shows that the number of births in health facilities is decreasing from year to year while the target should increase. In 2019, births in healthcare facilities were 93.83%, in 2020 93.74%, and in 2021 from January to June 2021 it was 93.45%. Of the five villages in the Puskesmas silo 2 region that experienced a decrease in the percentage of births in healthcare facilities from 2019 to June 2021 were Mulyorejo Village and Karang Harjo Village, and of the two villages that reached the target least was Mulyoro Village which amounted to 83.95%. From the above data can be seen that 16,05 % of mothers in the village of Mulyorejo do not use health facilities.

In September 2021, a preliminary study was carried out with interviews of 10 mothers, 5 mothers who gave birth in a health facility and 5 women who gave up in a non-health facility. From preliminary studies obtained a temporary result that mothers choose to give birth at home

because it is cheaper, mothers feel more calm because in family friendship, moms and husbands are more confident in babies, because according to mothers, babies will not adjust and sew mother, when asked about a clean and safe birth, the mother's attitude tends to be negative they argue that giving birth in a health facility is scary. The distance from the mother's home with the distant health facilities and the conditions of the road in the village of Mulyorejo that is still macadam (not dissolved) also makes the husband not want to go to the health facility because of the fear of giving birth on the road. Whereas the mother who gave birth in a health facility stated that the mother chose to give birth in the health facilities because she felt safer for the mother and the baby, if there are problems on the ground can be dealt with quickly, the husband of the mother also supported the mother's giving birth in health institutions because the husband believed more in the energy of health than to the baby's guardian, if the mother was born in the house the mother will be seen a lot of people and trouble the large family, so that mother and husband would prefer to have a birth in medical facilities with only in the companionship of the husband and one family only.

Based on the description and preliminary studies above, the researchers decided to analyze the relationship between the attitude of the mother and the support of the husband with the selection of the place of birth for the mother who was born in the village of Mulyorejo Kecamatan Silo Kabupaten Jember.

Method

The study uses a correlational analytical method with a cross-sectional research design approach, which means research by performing independent and dependent variable measurements in simultaneous time and one measurement. It means that this study was conducted observation and measurement only once at the same time between data on the attitude of the mother and the support of the husband to the election of the place of birth of the Mulyorejo district of Jember.

Results

General data

In this general data are presented the characteristics of maternal mothers that include the age of the maternal mother, maternal education and maternal work, as well as the characteristic of

the mother's spouse that includes her husband's age, the education of her spouse and the work of her maternal husband.

Table 1. Distribution of frequency and percentage of maternal age in the village of Mulyorejo in 2021

Age	Frequency	%
< 20 years	15	23,44
20 - 35 years	39	60,94
> 35 years	10	15,63
Total	64	100,00

Based on table 1. above, the majority of mothers are between 20 and 35 years of age, which is 39 mothers (60,94%), the remainder is < 20 years 15 mothers (23,44%) and age > 35 years 10 mothers (15,63%).

Table 2. Frequency and percentage distribution of maternal education in the village of Mulyorejo in 2021

Education	Frequency	(%)
Elementary school	31	48,43
Junior High School	13	20,31
Senior high school	19	29,68
Undergraduate	1	1,56
Total	64	100,00

Based on table 1.2, it turns out that almost half of the education of mothers is elementary school 31 mothers (48.43 %), 19 mothers (29.68 %), 13 mothers (20.31 %) and only one mother (1.56 %) is educated in college.

Table 3. Frequency and percentage distribution of maternal work in the village of Mulyorejo in 2021

Vacancy	Frequency	(%)
Housewives	56	87,5
Private	3	4,68
Farm labourer	5	7,82
Total	64	100,00

Based on table 3. it turns out that the work of mothers is almost entirely housewives which is 56 mothers (87.5%), the rest of the Working People 5 mothers (7.82%) and Private mothers 3 (4.68%).

Table 4. Frequency distribution of the percentage age of spouses of mothers in the village of Mulyorejo in 2021

Age	Frequency	(%)
17 - 25 years	23	35,94
26 - 35 years	27	42,19
36 - 45 years	12	18,75
46 - 55 years	2	3,12
Total	64	100,00

Based on the table 4 above, almost half of the age of the spouse of the maternal mother was between the ages of 26 and 35 years, which is 27 respondents (60,94%), the remainder was 17-25 years of age of 23 respondents (35,94%), age 36-45 years of 12 respondents (18,75%) and age 46-55 years of 2 respondents (3,12%).

Table 5. Distribution of frequency and percentage of maternity education in the village of Mulyorejo in 2021

Education	Frequency	(%)
Elementary School	20	31,25
Junior High School	29	45,31
Senior High School	12	18,75
Undergraduate	3	4,69
Total	64	100,00

Nearly half of the mothers were junior high school, which is 29 respondents (45.31 %), elementary school 20 respondents (31.25 %), senior high school 12 mothers (18.75 %) and only 3 respondents (4.69 %) with a college education.

Table 6. Distribution of frequency and percentage of work of spouses of mothers in the village of Mulyorejo in 2021

Work	Frequency	(%)
Farmers	36	56,25
Private	27	42,19
civil servants	1	1,56
Total	64	100,00

Based on table 6, it turned out that most of the work of spouses and mothers of maternity were Farmers, which was 36 respondents (56,25%), the rest were private respondents 27 (42,19%) and civil servants 1 respondent (1,56%).

Special data

In the special data presented the results of research on the attitude of mothers, support of spouses and the choice of place of birth, the relationship of mother's attitude with the selection of birthplace, relationship of husband's support with the election of the birthplace.

Table 7. Mother's attitude in the village of Mulyorejo in 2021

Mother's attitude	n	(%)
Positive attitude	36	56,25
Negatifve attitude	28	43,75
Total	64	100,00

Based on table 7, the attitude of mothers in the choice of place of birth was mostly positive: 36 mothers (56.25%). The rest were negative, with 28 mothers (43.75%).

Table 8. Support of the spouse of the maternal mother at Mulyorejo in 2021

Husband support	n	%
Good support	54	84,37
Enough support	6	9,37
Less support	4	6,26
Total	64	100,00

Based on table 8, it turned out that almost all of the husbands gave good support, namely 54 husbands (84,37%), a small proportion gave sufficient support to 6 husband (9,37%) and a small portion gave less support to 4 husband (6,26%).

Table 9. Birth of Mulyorejo in 2021

Place of Delivery	n	%
Healthcare facilities	49	76,56
Non Healthcare Facilities	15	23,44
Total	64	100,00

Based on table 9, it turned out that the choice of birthplace was almost entirely in health facilities: 49 respondents (76.6%) and a small proportion of 15 respondents (23.4%) in non-health facilities.

Table 10. Cross Table of Parenting Attitude Relationship with the Election of the Place of Birth at Mulyorejo in 2021.

Selection of place of delivery	Healthcare facilities		Non-healthcare facilities		Total	
	N	%	n	%	n	%
Positive attitude	34	92.86	2	7.14	36	100
Negative attitude	15	53.57	13	46.43	28	100
	49	76.56	15	23.24	64	100

Based on table 10, it was found that the positive maternal mothers almost entirely chose to give birth in a health facility, with 34 respondents (92.86%) and only 2 respondents (7.14%) choosing a birth in non-health facilities. Whereas in mothers with a negative attitude the choice of place of birth was mostly health facilities: as many as 15 respondents (53.57%) and the remaining 13 respondents (46.43%) chose to give birth in non-health facilities.

Table 11. Cross Table Relationship of Husband Support with Election of Birthplace in Mulyorejo in 2021

Selection of place of delivery	Healthcare facilities		Non-healthcare facilities		Total	
	n	%	n	%	n	%
Good	44	81.48	10	18.52	54	100
Enough	5	83.33	1	16.67	6	100
Less	0	0.00	4	100.00	8	100
Total	49	76.56	15	23.24	64	100

Based on the table 11 it turned out that almost all mothers whose husband's support is good choose to give birth in the healthcare facilities is as many as 44 respondents (81.48 %) the remaining 10 respondents (18.52%) choose in the non-healthcare facilities, for mothers who get the

support of her husband is sufficient almost all the mothers choose in health Facility that is as much as 5 respondents (83.33 %) only 1 respondent (16.67 %) that in non-healthcare facilities.

Discussion

1. Mother's behavior at Mulyorejo's Silo district.

According to the results of the study, the attitude of mothers in the selection of birthplace is mostly positive, i.e. as many as 36 mothers (56.25%). then it can be understood that the level of attitude most respondents are already on appreciation (Valuing) attitude and responsible attitude (responsible), where the appreciation attitude is reflected in discussing the choice of place of birth with other people either with Husband, mother, cadet or other mothers, there are also mothers who have been invited to another mother to choose the birth rate in health facilities or even there is a mother who is already in a responsible stance that reflects the courageous attitude to accept the risk if referred to the hospital, if it is to be sewn or if it must pay the cost of birth.

From the results of this study also obtained that almost half of the 28 mothers (43.75%) still have a negative attitude, it can be understood that there are some mothers who are still responding that reflects there are several mothers that when asked about the choice of the place of birth will answer to choose in the health facilities but in fact the mother did not give birth in the facilities of health or even there are a few mothers receiving behavior that is reflected from the mother only listening but no response to do the selection of the birthplace in facility of health. The negative attitude in the influence of some of its factors is as follows.

From the results of this study, it was found that the number of mothers with a elementary school education level was 31 people and 11 people (35.48%) of whom chose the place of birth in non-health facilities, for mothers who had a junior high school education level were obtained a number of 13 people and only 1 mother (7.6%) mother who chose to give birth in no health facilities.

This is in line with Khudhori's study (2012), that education is one of the factors in determining the choice of birthplace. The higher the education, the higher the awareness for getting better health care. Researchers argue that maternal education at Mulyorejo contributes to the attitude of mothers, low mother education levels tend to make maternal mothers at Mulyorejo attitude negative.

The study also found that the work of most nursing mothers is not working or IRT (household mothers) is 87.5% and only 12.5% of mothers are working. According to Engel, Blackwell, and Miniard in Fauzia (2014), work is the best indicator of the social class of consumers. A person who has a job has a wider perspective than a housewife. Because of the wider community where the exchange of information and interaction with colleagues or friends is often done. The researchers argue that the presence of a maternal mother who has a negative attitude in Mulyorejo is heavily influenced by the work of the mother.

2. Support of husband to mother in the village of Mulyorejo

According to the results of the study, almost all of the husbands gave good support, namely 54 Husbands (84.37%), a small proportion gave sufficient support to 6 Husband (9.37%) and a small portion gave less support to 4 Husband (6.26%). Husband support and attention will help the wife in gaining confidence and self-esteem as a wife. With the attention of the husband makes the wife feel more confident, that she is not only right to be the wife, but the wife will also be happy to be a mother for the child conceived by her (Adhim, 2002).

According to Cohen and Syme (1985) there are four aspects of husband support: emotional support, information support, instrumental support and reward support. With the results of the study that most maternal mothers at Mulyorejo receive the support of good husbands, the researchers argue that most respondents have obtained good support from their spouses in search of information about childbirth in health facilities, are willing to listen to the opinions of mothers on the choice of place of birth, are prepared to lead mothers to birth in the health facility, provide the cost for the needs of motherbirth and will always accompany the mother if the mother gives birth in medical facilities. For sufficient support of the husband is to find information about the place of birth, ready to guide and accompany the mother to give birth to the facility of health but still can not provide the cost of giving birth. Whereas for the support of the spouse who is less can be only to provide support for the cost only but does not seek information about the place of birth and does not want to send or otherwise only seek information but not provide the cost or even do not provide support at all.

Age factors play an important role in building a harmonious family, although age does not always indicate a person's level of maturity. Age factors can also affect the perception of each

individual. Perception is the process of understanding or giving meaning to an information to a stimulus. The stimulus is obtained from the process of perception of objects, events or relationships – relationships between symptoms that are subsequently processed by the brain. Cognitive processes begin with perception (Sumanto, 2014).

From the results of this study, it was found that almost half of the spouses of maternal mothers were between the ages of 26 and 35, which is as many as 27 respondents (60,94%). Between the ages of 26 and 35 is early adulthood. The individual who belongs to the young adulthood has roles and responsibilities that are of course growing. Individuals should not depend economically, sociologically or psychologically on their parents (Dariyo, 2003).

So it can be concluded that the support of the spouse of maternal mothers at Mulyorejo is mostly good because the age of the husband is almost half of the early adulthood. In this early adulthood, individuals can make their own decisions.

Another factor that affects the support of husbands is the husband's education, from the results of this study it is obtained that the majority of the husband's level of education is the level of low education, which is 76,56%. Therefore, there are still husbands who provide sufficient and less support, which is 15.63%. According to Hartini, in 2014, the higher the level of education a person gets, the easier it is to receive information. If viewed from this theory, the results of this study are inappropriate because although most of the husband's educational levels are low, most husbands provide good support. This can happen because the support of the husband is not only influenced by the educational level factor only.

3. The birthplace of the mother was in the village of Mulyorejo.

It can be seen that the selection of the place of birth is almost entirely in healthcare facilities: 49 respondents (76.6%) and a small proportion of 15 respondents (23.4%) in non-health care facilities. Still the choice of place of birth in non-health facilities can be influenced by the level of education of mothers that are mostly low educational level (elementary school and junior high school) which is as many as 44 mothers (68.74%).

It is consistent with the study of Dewi (2015) which conducted research on the relationship of pregnant mother education to the selection of birthplace in the work area of primary healthcare services Peusangan district of Bireuen that there is a relationship between the education of

mammals to the choice of a place of childbirth in the working area of primary healthcare services Peusongan district.

This study is in line with the study Astuti (2014) which conducted an analysis of the reasons for the selection of childbirth assistant by mother-in-law in the district of Semarang has been found that the choice of a child assistant as a birth assistant is related to knowledge, attitude, perception of quality of service, costs and ease of access for mother-to-law.

This study is also in line with the Suciawati (2016) study that conducted factor-factor research related to the selection of childbirth assistants in the work area of primary healthcare services district of Pandeglang that there is a meaningful relationship between the age of the mother, mother education, mother attitude, social economic mother, social culture of mother, and support of husband mother with the election of mother assistant in the field of work of primary healthcare services district of Picung in 2015.

Researchers argue that the choice of place of birth is influenced by the attitude of the mother and the support of the husband, the more positive the mother's attitude then tends to make the mother choose the place of childbirth facilitated health as well as vice versa. The better the husband's support, the more likely it is for the mother to choose a place for childbirth in a health facility. And the opposite.

4. The relationship of the mother with the choice of place of birth.

Based on the cross-frequency distribution in table 2.4 shows that the majority of mothers who have a positive attitude choose to give birth in a health facility is 34 respondents 92.86% and only 2 respondents 7.14% choose to have a child in a non-health facility, while for mothers with a negative attitude 15 respondents 53.57% opted for a childbirth in a medical facility and 13 respondents 46.43%.

From the results of the statistical tests obtain the result Chi Square = 14,663, = 0,000 < α = 0.05 meaning there is a relationship between the attitude of the mother and the choice of a health facility as a place of birth. For the correlation coefficient of the relationship between the variables, a correlations value of 0.479 is obtained, which means that the corelation relationship is sufficient.

The results of this study are consistent with the study carried out by Nara in 2014 for the attitude variable to obtain a p-value result of 0.001 meaning there is a strong relationship between

the mother's attitude with the selection of health facilities as a place of birth. The factor that influences one's attitude is the influence of another who is considered important. In general, individuals tend to have attitudes that are aligned with the attitudes of others that are considered important to avoid conflict.

In this study, the husband is the person who is considered important, the determination of the place of birth is not apart from the role of the husband. Although the attitude of the mother is positive, the birth remains in non-health facilities (home). The researchers argue that a positive attitude indicates that the selection of a place of birth will go to a health facility. Similarly, a negative attitude will indicate that a maternal mother will choose to give birth in a non-health facility.

5. Relationship support with the choice of place of birth.

Based on the cross-frequency distribution shows that the majority of mothers whose husband's support preferred to give birth in a health facility was 44 respondents 68.75%, and mothers who received husband's support were sufficient as 5 respondents 7.81 while for mothers with a husband-support less preferred a birth in non-health facilities was 4 respondents 6.25%.

From the data analysis results obtained p-value 0.05 means there is a strong relationship between the support of the husband with the selection of health facilities as the place of birth. From the results of the statistical tests obtain the result Chi Square = 13.948, = 0.001 < α = 0.05 meaning there is a relationship between the Support of Husbands and the selection of health facilities as the place of birth. For the correlation coefficient of the relationship between the variables, a correlations value of 0.388 is obtained, which means that the corelation relationship is sufficient.

The results of this study are in line with the study conducted by Yeni Aryani entitled Relationship of husband support and culture with the selection of the place of birth in 2018 for the variable of the husband support obtained a p-value of 0,000 meaning there is a relationship between husband support with the choice of health facilities as the birthplace. The researchers argue that the husband's support for the mother's decision to choose the place of birth is huge. A good and sufficient husband's support will make the mother prefer a place for childbirth in a health facility. Instead, the support of a minor husband will make the mother choose to give birth in a non-health facility.

With the presence of a good husband's support despite the negative mother's attitude, mothers tend to choose a place of birth in a health facility as a choice of place of delivery because the support and advice of the husband is a consideration of the mother in choosing the place of childbirth. Likewise, even if the attitude of the mother is positive but the support of the husband is less, the mother will tend to choose to give birth in a non-health facility.

Conclusion

Based on the results of research and discussion, it can be concluded by referring to the following specific objectives:

1. The attitude of maternal mothers in the election of the place of birth of Mulyorejo district Silo district Jember has mostly a positive attitude, which is as many as 36 respondents (56.25%).
2. Support of the husband in the selection of the place of birth of the mother in the village of Mulyorejo, Silo district Jember has mostly a good husband support of 54 respondents (84.37%).
3. Birthplace of the mother in the village of Mulyorejo district of Jember, most chose to give birth in the health facilities, which is 49 respondents (76.6%).
4. There is a relationship between the attitude of the mother and the selection of the place of birth of mother in the village of Mulyorejo district of Jember. with $p\text{-value} = 0,000$ with a contingency coefficient of 0.479 which is interpreted that the strength of the relationship between variables at a sufficient level.
5. There is a relationship between the support of the husband and the choice of the place of birth

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