

***Oyog'* , Cultural Approach to Maternal Referral Decision Making for High-Risk Mothers in Indonesia**

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ABSTRACT

Background: Cultural influences continue to have a substantial impact on the elevated rates of maternal mortality in Southeast Asia, encompassing attitudes, customary behaviors, and misconceptions regarding nutrition, among other variables. Thaddeus and Maine also asserted that social and cultural variables can contribute to delays in the decision-making process regarding seeking medical care. Objective: To understand 'Oyog' as a cultural methodology for making maternal referral decisions for moms at risk in Indonesia.

Research Method: The investigation was carried out using qualitative research methodologies. The population study consisted of postpartum women who experienced problems during pregnancy or childbirth in the city and regency of Cirebon. The study focused on a sample of high-risk maternity mothers, which were divided into four groups. In-depth interviews were conducted using interview guidelines to gather information from the mothers with complications. The informants will be chosen using the snowball sampling method, and the data evaluated using content analysis techniques.

Results and Conclusion: Within every group, there exist discrepancies in responses regarding the specific situations that warrant referral, the underlying causes for making a referral, the motivating elements involved, and the process of decision-making. All groups encountered no difficulties during the referral process. The participants in the class group of pregnant women opted to indirectly seek guidance or await the counsel of other families or neighbours.

1. INTRODUCTION

The current status of maternal and newborn mortality worldwide is being reported. This issue remains a grave concern, as there was an occurrence of mortality around every 2 minutes in the year 2020. All policyholders must comprehend that maternal mortality, particularly in low-and middle-income countries, is directly linked to pregnancy and childbirth. This implies that the mortality of the mother can be averted via expert attention throughout the stages of pregnancy, childbirth, and the postpartum period. (1)

Maternal and newborn mortality rates demonstrate an optimistic trend towards meeting Sustainable Development Goals (SDG) targets by 2030. One of the main reductions is the significant improvement of quality services at primary health facilities(2). Nevertheless, there remains a must to enhance numerous global and regional initiatives to address the instances more effectively (3). Prevention is the most effective strategy to reduce maternal deaths, particularly in Southeast Asia. This includes improving access to services through a community-based approach, expanding the scope of managing hypertension during pregnancy, providing safe abortion services, and enhancing the overall quality of care. The situation in South Asia regarding teenage pregnancy has seen a notable increase in attention and management. Due to its position at the topmost rank (3). In addition to that, cultural elements continue to exert a considerable influence (4)(5)

The Ministry of National Development Planning/Bappenas released a White Paper on National Health System Reform in March 2022, which reported that the Maternal Mortality Rate in Indonesia in 2015 (SUPAS, 2015) was 305 per 100,000 live births(6). Presently, this statistic continues to serve as the benchmark for MMR in Indonesia. The information is specified in the Presidential Regulation for the National Medium Term Development Plan (RPJMN) for the period of 2020-2024, with reference to the 2019 baseline(7). The MMR reduction objective that needs to be met by 2024 is particularly challenging, with a goal of 183 maternal deaths per 100,000 live births. The findings from the 2013 and 2018 Basic Health Research (Risikesdas) indicate a rise in the coverage of maternal health indicators, specifically in the areas of four antenatal care visits (K4) and delivery help provided by healthcare professionals. The percentage of K4 pregnancy screenings has risen from 70% in 2013 (Risikesdas 2013) to 74.1% in 2018 (Risikesdas 2018). The delivery coverage in healthcare facilities experienced an increase from 66.7% in 2013 (according to Risikesdas 2013) to 79.3% in 2018 (8) .

In addition to the aforementioned causes, there are other indirect factors contributing to maternal and infant mortality, including delayed decision-making, delayed referral to healthcare facilities, and delayed initiation of treatment or action.

Thaddeus and Maine identified socio-economic and cultural factors as potential causes for delays in seeking medical care. These factors encompass disease characteristics such as the detection of complications and the perception of disease severity, empirical legal issues like illegal abortion, women's status including financial constraints, limited mobility, and the value placed on women's health, as well as economic and educational status. The second factor pertains to the perception of physical accessibility elements, encompassing factors such as distance, transportation (mode, weather conditions, road conditions), and expenses (transportation costs, maintenance costs, medication, and other supplies). The third factor relates to the perception of the quality of care, taking into account previous experiences. Regarding the care system, contentment encompasses the attitude of health personnel, hospital processes (such as dread of operation, waiting time, efficiency, privacy, and restrictions on visiting rules), as well as social and family support(9). The individuals, couples, and families are the participants in the decision-making process.

The primary factors contributing to maternal mortality in Sumedang, Indonesia include the prolonged decision-making process regarding referrals from families, influenced by cultural conventions, and the delayed recognition of the elevated risk faced by pregnant mothers during childbirth. A descriptive study conducted at Cipto Hospital Mangunkusumo analyzed 22 cases of maternal mortality. The study revealed additional factors contributing to the direct cause of death among mothers, with delayed medical intervention being a consistent factor. Requests for lateness assist in decision-making by considering delays in transit and processing, without conflating the two. (references)

In 2019, the West Java Provincial Health Office recorded a total of 684 maternal deaths, which translates to a rate of 74.19 per 100,000 live births. The number exhibits a very elevated level and displays variation among districts and cities in West Java. In 2021, there were 52 instances of maternal mortality in Cirebon Regency, which is an increase compared to the figures recorded in 2019 and 2020. There were a total of 30 deaths related to childbirth in the year 2019. There were a total of 40 instances of maternal mortality in the year 2020. There has been a rise in instances of maternal mortality, with some cases attributed to problems arising from Covid-19. However, the situation gets intriguing when subjected to deeper analysis, particularly about the presence of other factors contributing to these fatalities. There were a total of 28 deaths, specifically caused by 3 instances of tardiness and

11 instances of delayed decision-making. (10)

Several initiatives have been implemented to address the issue of maternal mortality, such as the P4K program and prenatal education classes. A study conducted by Tin Afifah et al. (2016) suggests that intervention programs aimed at decreasing maternal mortality rates should be tailored to the specific causes of death and customized to suit the unique conditions of each region. Additionally, other innovation initiatives were established within the academic community. In order to enhance the government's efforts to improve maternal health and preparedness, it is proposed to provide online prenatal classes and modify existing motherhood classes (11).

Conversely, research conducted in Cirebon Regency has shown a highly beneficial approach that may be readily used in regular services (12–14). The process is 'oyog'. Comprehending the indications of pregnancy necessitates the mother and her family's aptitude to make more judicious choices.

Decisions related to one's mother need intricate cognitive processes. In order to assess requirements and coordinate the transition of expectant mothers to a more advanced level of care, it is crucial to guarantee timely access to suitable and acceptable medical assistance, with the aim of minimizing the number of maternal cases. Several aspects impact this procedure, including communication, transportation, and comprehensive documentation. Therefore, it is necessary to continuously analyze impediments in every procedure in order to ensure that the decision retrieval process is efficient. (15)

2. METHODS

The investigation was conducted using qualitative research methodologies. The study included all postpartum mothers who experienced complications during pregnancy or childbirth in the city and district of Cirebon. The sample consisted of mothers divided into four groups: 1) mothers who received the 'Oyog' intervention, 2) mothers who attended modified prenatal classes, 3) mothers who received standard care from the Ministry of Health, and 4) mothers who attended prenatal classes through a network. Inclusion criteria for the study: With signed informed consent, the individual expressed their desire to participate as a survey subject and adhere to all interventions in each group at least three times. Exclusion criteria: Mothers who relocate were not eligible. The data gathering process involved conducting in-depth guided interviews with mothers who experienced childbirth problems, divided into four distinct groups. The selection of informants conducted using the snowball sampling method. Data management in this study include the processes of data reduction, data presentation, and conclusion/data verification. These processes were conducted prior to data collection, during data collection, and after data collection, and involve the analysis of data with regards to its content.

Additionally, our objective was to discern and amalgamate patterns in our data, rather than formulating novel theories. The analysis followed Braun and Clarke's thematic analysis technique [25] which consisted of four steps: 1) data recognition, 2) identification of codes and themes, 3) development of coding schemes and their application to the data, and 4) organization of codes and themes. Two interviews were arbitrarily chosen for double coding by other major investigators to guarantee uniformity in finding crucial themes. Qualitative analysis is performed manually, without the assistance of software.

This study included both primary and secondary data sources. Preliminary data was gathered through in-depth interviews with mothers who experienced postpartum problems. Simultaneously, the secondary data for this study was acquired from population data in both Cirebon City and Regency. Engage in academic pursuits or engage in the process of acquiring knowledge and

understanding. The approval of this ethical obtained from the Health Polytechnic Ministry of Health Tasikmalaya's Commission Study, with the reference number No.2023/KEPK/IV/001.

3. RESULTS AND DISCUSSIONS

The study was conducted in the city and regency of Cirebon. Cirebon is a region in West Java that is characterized by its close geographical closeness. However, it is important to note that there are distinct cultural differences between the city and district areas. Maternal mortality is prevalent in both regions. In 2020, there were five maternal fatalities in Cirebon City, with an additional 42 cases reported in the Cirebon region. Geographical area and population size in each regions This is markedly distinct. The distinction between Cirebon City and District This is identified as the cause for the disparity in mortality rates between the two regions.

Table 1. The demographic characteristics of risk mother in Cirebon

Variable	
Age (range)	28-40 yourth
Age (mean)	31,42
Educational level (number)	
Primary	0
Secondary	11
Higher	1
Birth order (number)	
1 st birth	6
2 nd -3 rd birth	6

Data on the collection of maternal referrals was obtained through qualitative methods, specifically in-depth interviews with 12 participants. These participants were divided into four groups: 1) three participants from the group of mothers who received the 'Oyog' intervention (R1-R3), 2) three participants from the group of pregnant mothers who attended modified prenatal classes (R4-R6), 3) three participants from the group of pregnant mothers who received standard care from the Ministry of Health (R7-R9), and 4) three participants from the group of pregnant mothers who attended prenatal classes within a network (R10-R12).

All respondents were interviewed extensively utilizing a set of questions on Maternal referral decision-making. From these interviews, five themes were identified and subsequently described in table 2 bellow:

Table 2. The main Themes and sub-themes extracted to Maternal Referral Decision Making for High-Risk Mothers

The number of instances each sub theme came up during the interview (n= 12)	Sub theme	Theme
	High blood pressure	Circumstances before referred
	The membranes rupture prematurely	

History of CS during delivery previously	
Afraid	Perception family about conditions experienced by the mother before being referred
Just the same	
Tense	
Wishing mother and baby safety	Driving factors in deciding to refer to the hospital
Baby comes out quickly	
Most importantly, congratulations on the baby	
Fear of lack of amniotic fluid	
Direct	Process retrieval _ decision maternal referral
Wait	
	Obstacles in the Maternal Referral Process

Next is data obtained in research This :

1. Circumstances before referred

a. What did you problem before being referred to the hospital?

This question refers to the pregnant woman's recognition of the danger signs in pregnancy. Danger signs of pregnancy are signs of danger/complaints felt by the respondent and related to their pregnancy. There were 2 types of danger signs felt by respondents in the entire group. The danger signs in question are:

1). High blood pressure

High blood pressure is discovered by patients after they check with a health professional. High blood pressure/hypertension is one of the causes of maternal and infant mortality or better known as the triad of maternal and infant mortality.

Of the 12 respondents, 25% of respondents had hypertension. They said they experienced hypertension when they entered the 3rd trimester of pregnancy. However, all respondents did not feel any other symptoms related to hypertension, such as dizziness, headaches, heartburn and so on. This caused the diagnosis of hypertension to be obtained only when the respondent checked himself during a routine visit to a health facility . Patients with complaints of hypertension were found in group 1, group with oyog intervention, group 2 (pregnant mother class modification group) and group 3 (Ministry of Health standardized care group). A quite interesting phenomenon on this theme is the difference in the psychological condition of mothers when they are referred. Even though they have hypertension , patients from group 1, the oyog intervention group felt calm and not anxious about their condition. Slightly different from this situation, hypertensive patients in groups 2 and 3 felt anxious and tense, there was concern about the condition they were experiencing anxiety used HARS quetioner.

Patients in group 1 were patients who underwent oyog intervention 3 times during their pregnancy. Oyog is a tradition found in Cirebon, Indonesia in the form of massage on the outside/side

of the stomach of pregnant women. This massage is considered safe by experts because field observations have been carried out by a social obstetrician. Oyog is a massage, in general any massage will give a relaxing reaction. Massage is generally defined as an act of mechanical manipulation of muscles or soft tissue using regularly applied movement and pressure to improve a person's health and well-being [25]. Many references mention the many benefits of massage therapy, including improving physiological, neurological, psychological and biomechanical functions. Massage can improve the physiological functions of various body systems, the nervous system becomes better, the mood is much more stable and body movements are much better [26].

There are several forms of massage that all provide a relaxing effect, including effleurage, petrissage, percussion, myofascial release, trigger point therapy, deep transverse friction, compression massage, and cross-fiber massage. These various forms of massage can help relieve complaints of pain and certain dysfunctions, so that they can have a relaxing effect on a person's body. In addition, the various forms of massage above can stimulate the parasympathetic nervous system which has an impact on increasing relaxation and reducing stress [27]. The results of Mustika, et al's research on the effect of massage on hypertension and sleep quality, showed that the blood pressure of the treatment group before the intervention mostly had grade I hypertension (53.3%), and after the intervention some (57%) had normal blood pressure, with statistical significance value (0.000). In the treatment group before the intervention, many had poor sleep quality (46.7%), and after the intervention the quality of sleep increased in the good category (53.3%), with a statistically significant value (0.000) [28].

2). The membranes rupture prematurely

Premature rupture of the membrane (PROM) occurred in 50% of respondents. This complaint is the most common complaint experienced by the research respondent group. Research by Enjamo at all, explains various factors that can cause PROM, including: hypertension, history of Sectio Caesaria and history of miscarriage[30] The results of this study explain that with every effort to treat hypertension in pregnant women, treat a history of Sectio Caesaria and treat the incidence of abortion, the incidence of PROM will be reduced. Tiyure et al's research also shows several factors that cause PROM, including: history of PROM in previous pregnancies, history of bleeding, history of abortion, presence of urinary tract infections and irregular antenatal visits [31]. There are no risk factors for PROM in respondents with PROM. Other opinions suggest that PROM may be caused by amniotic fluid infection, especially chronic bacterial colonization [32], mechanical stretching of the amniotic fluid, increased oxidative stress, and inflammation of the amniochorial membrane.

In this study, PROM complications were not related to the various risk factors above. Cases of PROM that occurred among respondents in this study occurred in mothers who had normal blood pressure, were first children (no history of sectio caesaria, bleeding, abortion, history of PROM in previous pregnancies) and did not have urinary tract infections. This is in accordance with many research which says that there are unknown factors that cause PROM (21,23–25). Pre-term rupture of membranes is one of the complications that pregnant women and their families must be aware of, because this complication can endanger the health of the mother and fetus.

2. Perception family about conditions experienced by the mother back referred

This question refers to the response of pregnant women and their families regarding the danger signs they experience during pregnancy. 4 people (33%) feel afraid and there are 6 people (50%) who feel normal/remain calm and 2 people (17%) feeling tense. Afraid and tense have slightly different meanings, afraid is an adjective, afraid of something that makes him worry, while tense is an adjective that causes anxiety.

1) Afraid

... " From the beginning, of course, I was scared, scared I experienced bleeding as experienced _ friend I ... friend I That died you know No _ _ Afraid very yes, new I died when I was born ..." (R5)

Feeling Fear was also experienced by R7, R8, R9 and R11. The fear felt by respondents was partly due to the experience of friends who experienced complications and caused death. So the fear experienced by respondents is fear of various complications in pregnancy that can cause death.

2) Just the same

The families of respondents R1, R2, R3, R4, R5, R10 and R12 felt that it was normal to experience complications during pregnancy. Feelings of calm or normal were experienced by 6 respondent families (50%), dominated by respondent families in group 1, the group with oyog intervention. Apart from that, some of groups 2 and 4 said they just had to deal with it, they felt they were too worried and afraid that it would really disturb the condition of the mother and baby.

3). Tenses

Felt very tense when experiencing their mother's condition because they were worried about the risks of their pregnancy, even though they had prepared beforehand and were familiar with the danger signs of pregnancy, but initially there was a feeling of tension.

3. Driving factors in deciding to refer to the hospital

This question relates to the factors driving the maternal referral decision, with the respondent's answer

1) Wishing mother and baby safety

" That's sure _ Mothers and her family want very happy, me and my child too. I don't want to be like a friend me, a friend I right close very with me.. earlier fine so that you know bleeding Keep going to die So, I referred That want to Happy me too ded

2) Baby comes out quickly.

I hope the process is fast and the baby comes out quickly because worries condition the baby like a child the first to experience abnormality heart default. Although he has already checked with the doctor, and everything is normal, the name trauma is complicated. To handle it...Mrs. A thinks about her son or does not think about her safety.

"The dominant one, think about it, child, how are you? Child fast out, because I want to Look child I'm like why .. because Kana wants to be first I abnormality heart, so I want fast Look child I'm normal or no... ugh terrible thing ma'am if a child I until abnormality Again, Honest I'm not overly concerned think My dear, my child thinks about it let quickly go out."

4. Process retrieval _ decision maternal referral

Retrieval pattern decision Maternal referral is a retrieval process complex and involved decisions a number of stages that is understanding problem , search alternative , evaluation alternative and final decide For refer or No on condition experiencing patients family emergency to facility more health adequate (26)

The referral decision making process in this study was carried out directly by 5 (42%) respondents and 7 (58%) other respondents waited or postponed the maternal referral decision.

1) Direct

In this condition, respondents and families make decisions about maternal referral directly when they experience pregnancy complications or experience danger signs without waiting for discussions with other families The decision to refer directly was made by all respondents in group 1 (the oyog intervention group) and some respondents in group 2 (the group with modified classes for pregnant

women). Oyog is one way to relax during pregnancy. This relaxed condition has been proven to increase pregnant women's knowledge about the danger signs of pregnancy and make maternal referral decisions more appropriate (14) . Thus, the Oyog procedure also means increasing the mother's knowledge about the danger signs of pregnancy so that maternal referral decisions become more appropriate. This is able to break the chain of delays as an indirect cause of maternal and infant deaths (15) .

2) Wait

The decision to refer is not made immediately by the respondent but waits. What is meant by waiting is waiting for discussions with family or waiting for information from other parties such as family. As stated by R6

" So yesterday time I wanted to give birth was not immediately to House Sick whereas I've had a lot of trouble The same There is water comes out, ... Lots ask Formerly to neighbors, because Confused ... "

R6 did not realize that the condition of her pregnancy was one of the dangerous signs of pregnancy, namely premature rupture of the membranes. After receiving information from her neighbors, the respondent and her family decided to refer. R7, R8, and R9 are also expressed this.

R7: That time, it's not immediate to the hospital.... so I may listen to your husband's advice. The same family.. . move midwife, just the person intelligent and capable all like, yeah, there... eh, that's it there instead ordered to House it hurts in the end... yeah, that's all, of course, was curious Keep going follow my husband's advice lah. "

R8: me, I don't know about birth. The main thing is, How mom I... mom people who have experienced... well, mom Still trying to ask questions _ here and there, so yesterday I had mules and amniotic fluid leaking, I didn't immediately go-between to Puskesmas .. ask around Formerly, until back and forth came back, it took two days Then new birth, until the midwife said the amniotic fluid Already Want to finish I see .. thank God it happened birth regularly,,, the baby So Want to cry earlier Didn't you call when you were born?"

5. Obstacles in the Maternal Referral Process

This question covers various obstacles when referring, whether referring to basic facilities such as PONEC or advanced referrals such as hospitals. Based on interviews with respondents, no variations in answers were found. All respondents said there were no obstacles in the referral process, neither own card guarantee health, neither paid ones nor from the government, available transportation, and maximum handling. _ _

Discussion

This research shows that respondents in all groups are divided into 2 attitudes in making decisions directly, referring and indirectly. Make referral decisions directly are making referral decisions directly when complaints or complications occur

Meanwhile, indirect decisions refer to when asked why they didn't immediately make a decision to go to primary or secondary health facilities, they answered because they didn't know about the danger signs of pregnancy, usually the birth would be normal and just follow the husband's family.

The third group was the group whose responses all took the decision to wait and were not taken immediately when they recognized the danger signs of pregnancy and childbirth. Mothers in this group are mothers who took classes for pregnant women without modification. The Pregnant Women Class is a study group for pregnant women with a gestational age between 20 weeks to 32

weeks with a maximum number of participants of 10 people. In this class, pregnant women will learn together, discuss and exchange experiences about maternal and child health (MCH) in a comprehensive and systematic manner and can be carried out on a scheduled and continuous basis. Pregnant women's classes are facilitated by midwives/health workers using the Pregnant Women's Class package, namely the KIA Book, Flip chart (flip sheet), Pregnant Women's Class Implementation Guide, Pregnant Women's Class Facilitator Handbook and Pregnant Women's exercise book. (Pusdatin Ministry of Health of the Republic of Indonesia, 2009). This program is an educational program that is expected to be able to prepare pregnant women in facing pregnancy, preparing for birth and caring for their baby. This program has been proven by meta analysis to be able to reduce the risk of pregnancy [34].

Decision making in a matter is a complicated process in determining a choice on the problem at hand. Some articles on decision making, such as Raoust's research, et all say that decision making is influenced by experience (30) The term "decision making " refers to the process of making a choice among various options and committing to future actions. It involves considering the positives and negatives of each option, considering all alternatives, and estimating the outcome of each option. Decision-making is an important aspect in many fields, including business, politics, health, and education (31)

However, making a decision on maternal referral is not an easy thing. Many factors influence this, including financial problems, transportation, lack of information and poor administrative procedures [35]. The same cause also occurs in Sub-Saharan Africa. Seventeen articles were included in this study. Most studies were quantitative (n = 11). Two studies reported that women felt dissatisfied due to delays in the referral process which had an impact on their health. Most articles (10) reported that women did not receive better services, delays in the referral process, transportation constraints, and poor documentation of referrals. Some healthcare providers administer essential medications such as misoprostol before referral. [36] A different situation occurred in Uganda, it was stated that the obstacle to the referral process was communication problems [37] Cultural causes were the main cause of delays in making referral decisions in Indonesia [38] [12]. This research indicates that the pregnant mother class program in Indonesia has been running well, although it is still continuing to be improved, especially in strategic and quality aspects. (37) [40]. Fuada and Setyawati's research states that Pregnancy Class activities are a form of intervention in the early stages of the human life cycle. It is hoped that Pregnancy Class will be able to form a healthy and strong generation. However, the success of implementing Pregnancy Class still has many obstacles. In other words, in this research it is stated that the position of Pregnancy Class is in Quadrant III (negative, positive), meaning that the position of Pregnancy Class is in a weak position but actually has great opportunities. The expected recommendation is to change the strategy. What this means is that the implementation of Pregnancy Class is recommended to change the previous strategy because it is feared that the existing strategy will be difficult to capture existing opportunities while improving Pregnancy Class performance. (Fuada & Setyawati, 2015)

Respondents 7 (R7) and 8 (R8), did not immediately make a referral when they found out there were problems in their delivery, namely premature rupture of membranes and hypertension. Both respondents are waiting for a decision from their husband and family regarding the referral decision. This research is in accordance with research [13], in a study at Cipto Hospital Mangunkusumo, in 22 cases death mother, always there is reason lateness take decision besides causative factor death direct. However A little different with study (39) that lateness get care and handling complex cases are assessed role dominant as a causal factor in 30 cases death in East Java.

A number of the cause is exists culture still patriarchy thick in society. [41]. Culture This often bring impact negative specifically for Woman like make man / husband place depend. This sometimes makes women unable to make independent decisions. [42]. Besides that paradigm patriarchy make understand gender inequality and only put women in roles become Mother House ladder and raising

child (Chotim, 2022) Because Indonesia has diverse cultural , factors other cultures are possible big will form autonomy Woman in House stairs , incl service health Mother in taking decision reference [44] [10] .

Sociocultural factors are one of the causes of delays in making decisions about maternal referral. Thus, one effort to reduce maternal mortality is to include cultural factors in the effort. The results of research in Cirebon Regency, which was carried out at Kalibuntu Community Health Center (2014, 2015) and Cibogo Community Health Center (2019), showed that there was a procedure that was very useful and could be adopted in routine services [19] [20] [21] [22] . The procedure is 'oyog'. Oyog is a massage for pregnant women which is generally carried out by midwives with the aim of "mbenerke" (correcting) the position of the fetus (14)

'Oyog' massage is one of the local resources of the people of Cirebon district in the form of a custom that is usually carried out. Another term that is often used besides the word oyog, is gedog. From various studies, it is explained that oyog is a safe action to carry out and does not harm the health of the mother and baby (2014), can increase midwives' empathy and reduce anxiety in pregnant women (2015) or in other words oyog is a way to relax during pregnancy. pregnancy. This relaxed condition has been proven to increase pregnant women's knowledge about the danger signs of pregnancy [45]. Thus, the Oyog procedure also means increasing the mother's knowledge about the danger signs of pregnancy so that maternal referral decisions become more appropriate. This is able to break the chain of delays as an indirect cause of maternal and infant deaths .

Maternal referral decision making is something that is very complex because it involves many factors. Overall, maternal referral decision making is a multifaceted process involving multiple interventions, challenges, and the need for high-quality standards to ensure the best outcomes for pregnant women and their babies.(47)

The results of this study show that in the process of making maternal referral decisions, the majority of informants made correct and appropriate referral decisions. This correct process will improve maternal health and of course have an impact on cases of maternal and infant mortality. . Several factors influence the quality of maternal referral decisions, and interventions have been implemented to improve referral decision making, communication, and feedback between health facilities [47] . This is in accordance with research [36] , [37] , [48] which states several aspects of successful referral decision making, including: (1) the existence of good quality referrals. especially key elements must be characterized in a maternity referral system aimed at achieving desired outcomes [36] (2). There is effective communication and feedback (3). Transportation and resources : Low-cost transportation is needed to reduce barriers to referral, and health managers at the district level must be trained and equipped with the necessary skills to monitor and ensure the quality and efficiency of maternal referrals [37] (4). Monitoring and evaluation : Determining whether referrals reflect needs and desires is important for improving referral systems (5) Standardized referral protocols (6) Addressing cultural and social factors : Understanding and addressing cultural and social factors that contribute to maternal deaths, such as provider/facility intentions to avoid maternal deaths, can help improve referral decisions [48] (7) Mobile application systems .

The Indonesian government strongly supports the cultural approach as an effort to improve the degree of health and solutions to health problems in Indonesia, especially because Indonesia is a country with diverse cultural wealth and is even called a super power in the field of culture (49)(50) This research proves that the 'Oyog' cultural approach can be used to provide solutions to delays in maternal referral decision making.

4. CONCLUSION

The maternal referral decision-making process in Indonesia is carried out directly and indirectly. Cultural factors are one of the obstacles to maternal referral decision making in Indonesia and can be overcome with cultural approaches, one of which is Oyog. The 'Oyog' cultural approach makes decisions directly with the condition of the mother calm so that the mother and fetus are healthy and prosperous.

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