



Factors Associated with the Utilization of the Birth Waiting House in Fakfak Tengah District, Fakfak Regency

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Abstract

The birth waiting house is one of the efforts to bring pregnant and maternity mothers access closer to health services. As for There are various factors that become obstacles to the use of RTK, one of which is the behavior of the community which is less related to the use of the birth waiting house. The purpose of this study is to analyze the relationship between perceptions, reference groups, resources, and socio-culture with the use of the birth waiting house in Fakfak Tengah District, Fakfak Regency. This research is an analytic survey research with a cross sectional approach. The population of this study were all mothers who gave birth in January to December 2020, totaling 226 mothers. The sample that was successfully obtained as a whole was 215 respondents, The sampling technique used is total sampling based on predetermined inclusion and exclusion criteria. The research instrument used is a questionnaire. The data analysis in this study were univariate analysis (frequency distribution), bivariate analysis (rank Spearman correlation test) and multivariate analysis (ordinal logistic regression test). The results showed that there was a significant relationship between perceptions, reference groups, resources and socio-culture with the use of a birth waiting house in Fakfak Tengah District, Fakfak Regency. Resource and socio-cultural variables are the factors with the strongest relationship with the use of a birth waiting house in Fakfak Tengah District, Fakfak Regency.

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INTRODUCTION

Maternal mortality rate is one indicator to see the health status of women and is a component of the development index and quality of life index (Sumarmi, 2017). The maternal mortality rate is one of the targets in the Millennium Development Goals (MDGs) 5 development goal, which is to reduce the maternal mortality rate by three-fourths of the maternal mortality rate. The reduction in maternal mortality per 100,000 live births is still considered too slow to achieve the Millennium Development Goals (MDGs) targets (Yusriani et al., 2019).

World Health Organization (WHO, 2018) states that the maternal mortality rate is 303,000 deaths due to maternal causes. Based on data (MOH RI, 2019) reported a decrease in maternal mortality from 390 to 305 per 100,000 live births but had not yet reached the 2015 MDGs target of 102 per 100,000 live births. Based on data from the Province of West Papua, the incidence of maternal mortality is 46 mothers, deliveries in health care facilities have reached 55.39%, but are still below the national target of 85%. Fakfak Health Office Profile data in 2019 shows there are still incidences of maternal mortality as many as 2 mothers died and there are still 6% of mothers who gave birth at home or non-health facilities (Health Profile, 2019).

Factors causing maternal death are health service factors where the reach of MCH services and handling of risk groups is not yet stable, low coverage of ante-natal care and delivery assistance by health workers, delays in adequate treatment, access to health services (distance, cost, time and transportation) is not sufficient. affordable (Respati et al., 2019). Various efforts to reduce maternal mortality have been carried out, as for one of the efforts to reach pregnant women in geographically difficult areas to get health services and to optimize the use of midwives, the birth waiting house program is implemented (Fajrin, 2019).

Birth Waiting House is a place or room near health facilities, hospitals and health centers that can be used as temporary residences

for pregnant women and their companions (husband, cadres, traditional birth attendants and family) for several days, while waiting for delivery to arrive and a few days after giving birth (Sukoco & Suparmi, 2017: 66). The birth waiting house (RTK) is one of the efforts to bring pregnant and maternity mothers closer to health services (Harahap et al., 2018).

Various researches in several countries including Indonesia explain the various obstacles in implementing RTK, several factors that become obstacles to the use of RTK are socio-economic problems, skills of health workers, socialization to pregnant women and families, and the involvement of local governments. As for the behavior of the community, namely knowledge and attitudes that are less related to the use of the birth waiting house (Ni'matul & indrwati, 2018).

Relevant previous research conducted by (Endelew et al, 2016) in Southwest Ethiopia showed that there was a positive relationship between intentions and attitudes, subjective norms, perceived behavioral control, childbirth in health institutions and experiences with the use of waiting homes. Other research conducted by (Kinayan, 2017) in Medan shows *Thoughts and Feelings*, Culture is able to influence the value of Behavior. Research is also supported Harahap et al. (2018) in Medan with the results of knowledge, attitudes, income, parity, service access, comfort, friendliness, security, officer support, community leader support and family support related to the use of Birth Waiting Homes (RTK). The parity variable is the most dominant variable affecting the utilization of RTK.

Maternity data from the Fakfak District Health Office in 2020 showed 1,334 mothers, only 15% of mothers used the birth waiting house (RTK) and there were 1% deaths of maternity mothers. The Central Fakfak District ranks fourth for the low utilization of RTK where of 237 mothers who gave birth in 2019 only 3% of mothers used RTK, in 2020 of 226 mothers who gave birth only 11% of mothers used RTK. A preliminary study conducted by researchers on September 6, 2020 by conducting

interviews with 3 maternity mothers who did not use the RTK said that there was no family support to take them to the birth waiting house and 2 people said there was no transportation to the RTK. This needs to be addressed so that it is known more in relation to the low utilization of RTK in Central Fakfak District.

From the description above, in order to reduce maternal mortality, it is necessary to have a approach and apply concepts that are comprehensive, one of which is the health behavior approach, a response of a person (organism) to a stimulus or object related to illness and disease, the health service system, food and drink and the environment (Sumarmi, 2017). Based on behavioral theory according to the World Health Organization (WHO), that a person behaves because of 4 main reasons (determinants), namely thoughts and feelings/perceptions (thoughts and feelings), there is a reference or reference from someone or a trusted person (personal reference). , the available resources are a support for the behavior of a person or community, local socio-cultural (culture) (Irwan, 2017). Through the health behavior approach, it is hoped that the determinants of the community in the use of RTK can be used as a reference for future improvements. These factors are studied based on the characteristics of the Fakfak community in West Papua which are still closely related to tradition or culture and there are still many people who entrust their birth to non-health facilities (shamans).

METHOD

The research was conducted on mothers giving birth in Fakfak Tengah District, Fakfak

Regency in June - July 2021. This research is an analytical survey research with a cross sectional approach. The population used is all mothers giving birth in January to December 2020, totaling 226 mothers. The sample that was successfully obtained as a whole was 215 respondents who met the inclusion criteria, namely mother giving birth who utilize and do not utilize the Birth Waiting House (RTK) in 2020, domiciled in Central Fakfak, Fakfak Regency and available to be research respondents. 11 respondents were not included in the study because they did not meet the inclusion criteria, mothers giving birth who were not present at the time of the study and mothers who gave birth other than the 2020 period. The sampling technique used is total sampling.

The independent variables in this study are perceptions, reference groups, resources and socio-culture, while the dependent variable used is the use of a birth waiting house where there is or not a respondent uses a birth waiting house before delivery. The research instrument used is a questionnaire. The data analysis in this study were univariate analysis (frequency distribution), bivariate analysis (rank spearman correlation test) and multivariate analysis (ordinal logistic regression test).

RESULTS AND DISCUSSION

Table 1 presents data on the characteristics of the respondents consisting of age, number of children, educational status and occupation. Most of the respondents aged 26-35 years were 126 (58.6%). The average of having 2 children is 68 (31.6%). Respondents with a high school education as many as 80 (37.2%) with employment status not working as many as 160 (74.4%).

Table 1. Characteristics of Research Respondents

Variable	F	%
Age		
17-25 years old	67	31.2
26-35 years old	126	58.6
36-45 years old	22	10.2
Total	215	100
Number of children		
1 (one)	44	20.5
2 (two)	68	31.6
3 (three)	55	25.6
4 (four)	22	10.2
> 5	26	12.1
Total	215	100
Education		
Not in school / not finished elementary school	17	7.9
finished elementary school	33	15.3
High school graduate	45	21.0
finished high school	80	37.2
Academy/bachelor	40	18.6
Total	215	100
Work		
Does not work	160	74.4
Private employees	8	3.7
entrepreneur	3	1.4
Farming/gardening	24	11.2
PNS/TNI/Polri	20	9.3
Total	215	100

Table 2 shows that most of the respondents in the study had moderate perceptions as many as 136 (63.3%). Has a reference group with a moderate category, namely 173 (80.5%). Resources with moderate category are 134 (62.3%) and moderate socio-

cultural are 163 (74.8%). Judging from the utilization of the birth waiting house, most of the respondents with non-useful status were 190 (88.4%) respondents and only 25 (11.6%) respondents used the birth waiting house.

Table 2. Factor Frequency Distribution Perception, Reference Group, Resources, Socio-Cultural and Utilization of Birth Waiting Homes (RTK) in Fakfak Tengah District, Fakfak Regency.

Variable	F	%
Perception		
Good	36	16.7
Currently	136	63.3
Low	43	20.0
Total	215	100
Reference group		
Tall	26	12.1
Currently	173	80.5
Low	16	7.4
Total	215	100
Resource		
Good	40	18.6
Currently	134	62.3
Low	41	19.1
Total	215	100
Socio-cultural		
Tall	15	7.0
Currently	163	75.8
Low	37	17.2
Total	215	100
Utilization of RTK		
Yes	25	11.6
Not	190	88.4
Total	215	100

Table 3 shows that all variables with p-value <0.05. These results can be concluded that perceptions, reference groups, resources and socio-culture are related to the low utilization of birth waiting homes in IndonesiaCentral Fakfak District Fakfak. District. Swholeresearch variables were included in the multivariate

model analysis. The final result of the model analysis shows that there are two variables that have a strong relationship to the low utilization of RTK, namely the resource variable followed by the socio-cultural variable, where the p-value <0.05 is obtained.

Table 3. Relationship Analysis Perception, Reference Groups, Resources, and Socio-Cultural Use of Birth Waiting Houses (RTK) in Fakfak Tengah District, Fakfak Regency

Variable	Utilization of RTK				Total		p-value
	Yes		Not		F	%	
	F	%	F	%			
Perception							
Good	24	11.2	12	5.6	36	16.7	0.000
Currently	0	0	136	63.3	136	63.3	
Low	1	0.5	42	19.5	43	20.0	
Total	25	11.6	190	88.4	215	100	
Reference group							
Tall	20	9.3	6	2.8	26	12.1	0.000
Currently	5	2.3	168	78.1	173	80.5	
Low	0	0	16	7.4	16	7.4	
Total	25	11.6	190	88.4	215	100	
Resource							
Good	20	9.3	20	9.3	40	18.6	0.000
Currently	2	0.9	132	61.4	134	62.3	
Low	3	1.4	38	17.7	41	19.1	
Total	25	11.6	190	88.4	215	100	
Socio-cultural							
Tall	10	4.7	5	2.3	15	7.0	0.000
Currently	13	6.0	150	69.8	163	75.8	
Low	2	0.9	35	16.3	37	17.2	
Total	25	11.6	190	88.4	215	100	

The results of the study show most respondents with the perception of the moderate category as many as 136 (63.3%). Analysis of the results of the questionnaire shows that respondents already know the relationship with the birth waiting house, the benefits and can be used for pregnant women with high risk and pregnant women with far distances from their homes and health care facilities. However, most of the respondents have not been supportive of the existence of a birth waiting house and the respondents' trust in relation to the birth waiting house is low. The results of statistical tests show that perceptions are related to the use of birth waiting homes in Indonesia Fakfak Tengah District, Fakfak Regency with p-value < 0.05 where respondents with low perceptions or more or less prefer not to use the birth waiting house and vice versa, respondents with good perceptions tend to be more active in using the birth waiting house.

In general, the birth waiting house is a place near a health facility that is used as a temporary residence for high-risk pregnant women and their companions to wait for delivery. The purpose of RTK is to bring access closer and prevent delays in handling pregnant women, mothers giving birth, postpartum and newborns, especially in areas where access to health facilities is difficult. There are factors that can affect the birth waiting house, including: knowledge, attitudes/perceptions, income, parity, access to services, comfort, friendliness, security, support from puskesmas officers, support from community leaders, and family support (Ulumia & Indrawati, 2019). Perception is one of the important psychological aspects for humans in responding to the presence of various aspects and symptoms around them. Perception is a direct response (acceptance) of something, the process of a person knowing some things through his five senses (Brooks et al., 2020). Perception is influenced by knowledge,

experience and point of view. If an individual with good knowledge, adequate experience and a positive point of view, he will be able to determine his actions in relation to good health (Svalastog et al., 2017). In line with the results of the study which showed a low perception, it would be followed by a low utilization of respondents in relation to the birth waiting house.

Knowledge related to the use of birth waiting homes, sight and sense of hearing. A person's knowledge will greatly influence the occurrence or creation of behavior. Knowledge of the importance of utilizing the Birth Waiting House (RTK) will make a pregnant woman who will give birth first take advantage of the existing RTK (Harahap et al., 2018). Attitude is a mental and neural state of readiness regulated through experience that exerts a dynamic or directed influence on an individual's response to all objects and situations with which they are associated. A person's attitude will greatly affect the occurrence or creation of behavior. Attitudes based on good will will produce good behavior as well. It is the same with the behavior to take advantage of the Birth Waiting House. Mother's curiosity about the importance of using RTK when giving birth makes and changes the mother's attitude to be willing to use RTK (Ulumia & Indrawati, 2019).

There is a relationship between the perception of need and the use of the Birth Waiting House (RTK) with respondents with a positive perception of need being 2.8 times more at risk of using RTK compared to respondents with a negative perception of need. Perceived needs are included in the characteristics of needs, regarding the need for health services. The perception of need is related to the use of the Birth Waiting House (RTK) because the perception of this need is closely related to the perception of health or illness felt by the respondent. This shows that if the respondent feels vulnerable during childbirth, especially health, economic, geographical, and accessibility conditions, the respondent will tend to use the RTK (Pujihartati et al., 2021).

Most respondents has a reference group with a moderate category, namely 173 (80.5%). Some respondents followed the advice of health workers to take advantage of childbirth in health facilities, but there were still many respondents who followed their families or husbands to give birth at home. The results of statistical tests show that the reference group is related to the use of birth waiting homes in IndonesiaFakfak Tengah District, Fakfak Regency with p -value < 0.05 where respondents with low or less reference groups would prefer not to use the birth waiting house and on the other hand respondents with positive reference group support tend to be more active in using the birth waiting house.

The factors that cause the low number of mothers and families to use birth waiting homes are basically related to many factors, including knowledge, education, compliance, family support, facilities, culture and birth attendants (Fajrin, 2020). The family has a big enough role in determining the health status of the mother. Good family support can provide good motivation to maintain the health of family members (Mulyawati et al., 2011).

Generally, in Central Fakfak District, Fakfak District most families do not provide support because decision making is mostly on the part of the family such as husbands, parents, in-laws sometimes the closest family who are more economically capable so that it influences decision making. Families that support mothers take advantage of waiting homes and bring mothers to stay from pregnancy to delivery until the postpartum period, while families who are not supportive and less supportive are more likely to bring mothers home after giving birth and usually 6 hours After giving birth, the family has asked to go home. This is because home care is more comfortable and you can gather with your family and assume that the delivery process is going normally after the baby is born. In addition, the experience that has been passed down from generation to generation, starting from the parents themselves when giving birth, was cared for at home and watched over by their parents and other relatives. This is in line with

the results of the study which showed that the reference group would influence pregnant women in utilizing the birth waiting house. The more positive the reference group that is followed, it will lead to positive health utilization, and vice versa if the reference group that is followed is not good, it will have an impact on the passive utilization of health services.

The reference group relates to the use of the birth waiting house. Socialization and education about birth waiting homes is very important for people in remote areas, with a reference group, the community/pregnant women will understand more about the use of birth waiting homes (Hasby et al., 2018). Reference group can form the concern, willingness, existence of people who can be relied on. Positive reference group support will influence pregnant women to decide to stay at home waiting for birth (Fajrin, 2020).

The results showed that most of the respondents with moderate category resources namely 134 (62.3%). Vehicle access to the birth waiting house can be reached, but most of the respondents do not have the time to use the birth waiting house and there are limited costs and unsupportive socio-economic conditions. The results of statistical tests show that resources are related to the use of birth waiting homes in Indonesia Fakfak Tengah District, Fakfak Regency with p -value < 0.05 where respondents with low or less resources would prefer not to use the birth waiting house and on the other hand respondents with good resources tend to be more active in using the birth waiting house.

Home waiting for birth used as a temporary residence for pregnant women with high risk and their companions to await delivery especially in areas where access to health facilities is difficult (Daily, 2020). There are several factors that influence the use of RTK, including distance to health facilities, travel time, socio-economic conditions of the community, completeness of RTK facilities, health worker services, referral system for community involvement and participation (Sukoco & Suparmi, 2017). The distance to the

RTK is related to the use of the RTK, respondents who live <25 km are 20 times more likely to use the RTK compared to mothers who live >25 km away. Travel time is related to the use of RTK. Respondents who have travel time to RTK above 60 minutes tend not to use RTK. Travel time is closely related to distance to health services. Travel time has a slightly different context from the distance to a health facility. Travel time, apart from showing the distance, also shows access and transportation infrastructure from people's homes to the Puskesmas (Sukoco, 2018).

Transportation costs are a very important factor for pregnant women to take advantage of health services. The majority of public transportation access to Central Fakfak District uses motorcycle taxis, and public transportation from the village, but not much. Pregnant women usually rent a vehicle to go to a health facility (Puskesmas PONED), because it is not possible to use public transportation which is usually quite crowded with passengers and goods. This causes the cost of transportation to health facilities to be high, so that people cannot afford to pay.

The results showed that most of the respondents with socio-cultural category is 163 (74.8%). Most respondents still believe in giving birth at home with the help of traditional healers compared to health workers. The results of statistical tests show that socio-culture is related to the use of birth waiting homes in Indonesia Fakfak Tengah District, Fakfak Regency with p -value < 0.05 where respondents with low or less socio-cultural and tend to be negative would prefer not to use the birth waiting house and conversely respondents with good socio-cultural tend to be more active in using the birth waiting house.

Trust is an important aspect in the continuity of services at the Birth Waiting Home. Trust provides ample access to various resources, and a high trust network will function more smoothly and easily than a low trust. The implementation of the Birth Waiting Home in Central Fakfak District experienced a crisis of trust, especially from pregnant women. Most

pregnant women prefer to give birth at home rather than in health facilities. Pregnant women still do not show signs of approaching labor, many prefer to go home.

The Birth Waiting House can function if it is planned and implemented together with the participation of the surrounding community. The Birth Waiting Home can establish good communication between existing health facilities such as hospitals and lower-level health facilities. In this case, Birth Waiting Homes can bridge the geographical gap and ultimately reduce the number of maternal and newborn deaths in rural areas (Pujihartati et al., 2021). In this study, the trust of pregnant women as users of the Birth Waiting Home program is still lacking in trust. Many of them have not prioritized this program because they are more concerned with household matters and profits. Appropriate and comprehensive socialization can be carried out to instill awareness of the importance of using Birth Waiting Homes for high-risk pregnant women.

The results of the study show there are two variables that have a strong relationship to the low utilization of RTK, namely the resource variable followed by the socio-cultural variable, where the p-value <0.05 is obtained. In line with the description that has been explained that There are several factors that influence the use of RTK, including distance to health facilities, travel time, socio-economic conditions of the community, completeness of RTK facilities, health worker services, referral system for community involvement and participation (Sukoco & Suparmi, 2017). The distance to the RTK is related to the use of the RTK, respondents who live <25 km are 20 times more likely to use the RTK compared to mothers who live >25 km away. Travel time is related to the use of RTK. Respondents who have travel time to RTK above 60 minutes tend not to use RTK. Travel time is closely related to distance to health services. Travel time has a slightly different context from the distance to a health facility. Travel time, apart from showing the distance, also shows access and transportation infrastructure from people's homes to the

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CONCLUSION

The conclusions of this study are: There is a significant relationship between perceptions, reference groups, resources and socio-culture with the use of a birth waiting house in Fakfak Tengah District, Fakfak Regency. Resource and socio-cultural variables are the factors with the strongest relationship with the use of a birth waiting house in Fakfak Tengah District, Fakfak Regency.

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