



## THE RELATIONSHIP OF KNOWLEDGE AND ATTITUDE WITH UTILIZATION OF BIRTH WAITING HOUSE IN THE WORK AREA TEMBILAHAN HULU HEALTH CENTER

Dewi Erlina Asrita Sari\*

Husada Gemilang Midwifery Academy

\*Corresponding author: deasfardha@gmail.com

### ABSTRACT

A birth waiting house is a place or room located near a health care facility that can be used as a temporary residence for pregnant women and their companions for a few days before the time of delivery arrives and a few days after childbirth, This waiting house aims to bring closer access to woman pregnant, maternity, post partum and newborn health services so that there is an increase in the number of childbirths in health care facilities as well as lower cases of complications, The purpose of the research is to know the relationship of knowledge and attitude with the Utilization of Birth Waiting House in the Working Area of Tembilahan Hulu Health Center, Types of analytical descriptive research with cross sectional study approach methods, The population in this study was pregnant women in the Working Area of Tembilahan Hulu Health Center and the sample count was 43 people, Sampling techniques with proportional sampling, Analyze the data using the chi square statistic test, The results showed that 37,2% of respondents used a birth waiting house, 58,1% of respondents were low knowledge, 60,5% were negative attitude, After statistical testing there is a relationship between knowledge and the utilization of birth waiting house with (p value  $0,000 < 0,05$ ) and there is a relationship between attitude and the utilization of birth waiting house with (p value  $0,000 < 0,05$ ), Based on the results of the research, it can be concluded that there is a significant relationship between knowledge and attitude and the utilization of birth waiting house, It is hoped that health workers can provide socialization about birth waiting house so as to improve maternal and family knowledge and increase the coverage of birth waiting house in the region,

**Keywords :** *Knowledge, Attitude, Birth Waiting House*

### INTRODUCTION

The birth waiting house is a place or room located near fasyankes (Poskesdes, Puskesmas, Hospital) that can be used as a temporary residence for pregnant women and their companions (husband/cadres/families) for a few days before the time of delivery arrives and a few days after childbirth, This waiting house aims to bring closer access to maternity, maternity, nifas and newborn health services so that there is an increase in the number of childbirths in health care facilities as well as lower cases of complications in pregnant women, maternity, nifas and newborns (Kemenkes RI, 2015).

SDGs (Sustainable Development Goals) is a sustainable development

program that is a continuation of the concept of MDGs where there are 17 objectives with 169 measurable targets with a set time target, The goal related to health is in the third goal is to ensure a healthy life and promote well-being for all people of all ages with 13 achievement targets namely reducing maternal mortality rate (MMR) to below 70 per 100,000 live births, ending preventable infant and toddler deaths until NMR reaches 12 per 1000 live births and IMR reaches 25 per 1000 live births (Madolan , 2016).

Maternal mortality rate (MMR) is one indicator to look at the degree of women's health because maternal mortality results in the state losing a certain amount of productive energy,



increasing child morbidity and child mortality, Based on indonesia health survey (SDKI) in 2012 MMR amounted to 359 per 100,000 live births and IMR 35 per 1000, When compared to previous years, MMR and AKB have decreased, but have not shown significant results when compared to one of the previous Millennium Development Goals (MDGs) targets which decreased IMR to 102 per 100,000 live births and IMR 34 per 1000 live births in 2015 (Kemenkes RI, 2015),

In an effort to lower maternal mortality rates, every childbirth must be helped by competent health workers in health care facilities, Therefore, every pregnant woman should have easy access to health care, But in reality, many pregnant women are unable to access health services, partly due to geographical constraints, lack of health workers, un supports culture, or no costs,

In cases of high risk obstetrics in hard to reach areas requiring referral treatment at the Hospital, mothers are expected to be near health care facilities, In this case, Rumah Tunggu Kelahiran birth waiting house has an important function as a temporary residence for pregnant women until they arrive at labor, Some studies have shown that the use of birth waiting house birth waiting house can prevent maternal deaths in remote areas through increased access to health facilities and services, In addition, the utilization of birth waiting house can also decrease the likelihood of perinatal death (Sukoco and Suparmi, 2015),

The maternal mortality rate (MMR) in Riau Province in 2013 was 135 people, while in 2014 it increased by 23 cases to 153 people, But in 2015 it decreased to 145 people and decreased again in 2016 to 130 people, Despite the decline, there is still a high maternal mortality rate, The cause of aki's height in Riau Province is due to mothers giving birth to more than four children, the age of pregnant women is too young and more than 30 years, In

an effort to degrade MMR, the government planned the construction of waiting houses in a number of districts namely Indragiri Hulu, Indragiri hilir and Bengkalis (Dinas Kesehatan Provinsi Riau, 2016).

The causes of low maternal and family use of birth waiting homes are basically related to many factors, including knowledge, education, compliance, family support, facilities, culture and maternity helpers (Kuncoro, 2012),

Geographical conditions result in some regions having access to difficult-to-reach health care facilities that contribute to MMR, Therefore every pregnant woman should have access to officers and health services, However, access is still an issue in parts of Indonesia, especially in disadvantaged areas, borders, and islands (Dinas Kesehatan Indragiri Hilir, 2016),

Based on the annual report of Puskesmas Tembilihan Hulu in 2014 there were 5 maternal deaths with maternity coverage by health workers of 50,1%, The results of the evaluation of birth waiting house in 2015 decreased the number of MMR to 1 person and maternity coverage with health workers to 52,2%, In 2016 there were no maternal deaths and 54,9% of maternity and maternity coverage, while another 45,1% were helped by shamans and maternity at home,

## MATERIAL AND METHOD

This type of research is an analytical descriptive with a cross sectional design that aims to know the relationship of knowledge and attitude with the utilization of birth waiting house, The population in this study was pregnant women in the Working Area of Tembilihan Hulu Health Center with a sample of 43 respondents and sampling techniques using proportional sampling, The research was conducted on May 15 – June 15 2017, Data collection by



providing questionnaires to respondents,  
The data analysis technique used is the

Chi-Square test.

## RESULT

### a) Knowledge

**Table 1**  
**Distribution of The Frequency of Respondents Knowledge in the Working Area**  
**Tembilahan Hulu Health Center Year 2017**

Knowledge	<i>F</i>	%
Low	25	58,1
High	18	41,9
<b>Total</b>	<b>43</b>	<b>100,0</b>

Based on table 1 known most  
respondents have as much low

knowledge (58,1%) at Tembilahan  
Hulu Health Center.

### b) Attitude

**Table 2**  
**Distribution of The Frequency of Respondents' Attitudes in the Working Area**  
**Tembilahan Hulu Health Center Year 2017**

Attitude	<i>f</i>	%
Negative	26	60,5
Positive	17	39,5
<b>Total</b>	<b>43</b>	<b>100,0</b>

Based on table 2, most respondents  
had as many negative attitudes

(60,5%) at Tembilahan Hulu Health  
Center.

### c) Utilization of birth waiting house

**Table 3**  
**Distribution of Birth Waiting House Utilization Frequency in the Working Area**  
**Tembilahan Hulu Health Center Year 2017**

Utilization of Birth Waiting House		
Not	Yes	
<i>f</i>	%	
27	62,8	
16	37,2	
<b>Total</b>	<b>43</b>	<b>100,0</b>

Based on table 3 shows that respondents largely did not take use of  
birth waiting house as many as 27 people (62,8%).



#### d) Relationship Knowledge with Utilization of Birth Waiting House

**Table 4**  
Relationship Knowledge with Utilization of Birth Waiting House in the Working Area Tembilahan Hulu Health Center Year 2017

Knowledge	Utilization of RTK						<i>p</i> value
	Not		Yes		Total		
	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%	
Rendah	23	53,5	2	4,7	25	58,1	0,000
Tinggi	4	9,3	14	32,5	18	41,9	
<b>Total</b>	<b>27</b>	<b>62,8</b>	<b>16</b>	<b>37,2</b>	<b>43</b>	<b>100</b>	

Based on table 4 shows that most respondents have a low level of knowledge of (53,5%) not utilizing birth waiting house, Statistical test

results obtained *p* value 0,000 ( $p < 0,05$ ) means there is a relationship knowledge with the utilization of birth waiting house in the Working Area Tembilahan Hulu Health Center Year 2017.

#### e) Relationship Attitude with utilization of Birth Waiting House

**Table 5**  
Relationship Attitude with Utilization of Birth Waiting House in the Working Area Tembilahan Hulu Health Center Year 2017

Attitude	Utilization of Birth Waiting House						<i>p</i> value
	Not		Yes		Total		
	<i>F</i>	%	<i>F</i>	%	<i>F</i>	%	
Negative	24	55,8	2	4,7	26	60,5	0,000
Positive	3	7,0	14	32,5	17	39,5	
<b>Total</b>	<b>27</b>	<b>62,8</b>	<b>16</b>	<b>37,2</b>	<b>43</b>	<b>100</b>	

Based on table 5 shows that most respondents have as many negative attitudes (55,8%) not utilizing birth waiting house, Statistical test results obtained  $p$  value = 0,000 < 0,05 means



## DISCUSSION

### 1) Relationship Knowledge with Utilization Birth Waiting House

Based on table 4 it is known that respondents who did not utilize birth waiting house had a low level of knowledge (53,5%) and high knowledge (9,3%), Meanwhile, respondents who took advantage of birth waiting house who had a low level of knowledge utilized birth waiting house as much as (4,7%) and a high level of knowledge (32,5%), there is an relationship attitude with the utilization of birth waiting house in the Working Area Tembilahan Hulu Health Center.

Statistical test results are obtained a value of p value of  $0,000 < 0,05$  which means there is a knowledge level relationship with the utilization of birth waiting house in the Working Area of Tembilahan Hulu Health Center.

The results of this research is known the higher the knowledge of a person will increasingly utilize birth waiting house, Proven mothers who utilize birth waiting house more who have high knowledge while who do not utilize birth waiting house more who have low knowledge. Mubarak (2007) reveals that knowledge is the result of remembering something, including recalling events that have been experienced either intentionally or accidentally and this occurs after people make contact or observation of a particular object. This

is in accordance with research conducted by Raodah (2011) shows that the higher the mother's knowledge, then she has a tendency to utilize the health service, The results of this study are also in line with Harahap's research, et al (2018) states that there is a knowledge relationship with the utilization of birth waiting house where

one's knowledge will greatly influence the onion or creation of behavior, Knowledge about the importance of utilizing of birth waiting house will make a pregnant woman who will give birth first using the existing birth waiting house.

According to the researchers assumption, many factors affect the low knowledge of the mother about birth waiting house, namely the low level of maternal education, A person's level of education affects one's knowledge and understanding, The higher the level of education the better one's mindset, The lack of birth waiting house socialization from health officials led to the large number of mothers who did not know about birth waiting house, In order to improve one's knowledge of birth waiting house, socialization activities from both health and non- health workers need to be carried out continuously so that no more pregnant women do not know about birth waiting house and increase the coverage of birth waiting house utilization in Tembilahan Hulu Health Center as well as increase maternity coverage in health facilities.

### 2) Relationship Attitudewith Utilization Birth Waiting House

Based on table 5 it is known that respondents who did not utilize birth waiting house had as many negative attitudes (55,8%) and positive attitude (7,0%), Meanwhile, respondents who took advantage of birth waiting house had as many negative attitudes (4,7%) and positive attitude (32,5%), Statistical test results are obtained a value of P value of  $0,000 < 0,05$  which means there is a knowledge level relationship with the utilization of birth waiting house the Working Area Tembilahan Hulu Health Center, The results of this study are known that the more positive a person is towards birth waiting house will increasingly utilize





birth waiting house, It is proven that mothers who utilize birth waiting house more have a positive attitude while those who do not utilize birth waiting house more who have negative attitudes, According to Azwar (2012) attitudes are an individual's tendency to understand, feel, react and behave towards an object that is the result of the interaction of cognitive, affective, and concative components.

This research is in accordance with Nara research (2014) that there is an attitude relationship with the utilization of adequate maternity facilities where mothers who have a positive attitude tend to choose to utilize adequate maternity facilities, According to the researchers, the number of mothers who behave negatively due to the low knowledge of birth waiting house causes the mother to not know and not use birth waiting house during childbirth, Low maternal knowledge causes many mothers to not work so that mothers do not get information, Someone who has a job will get a lot of information and experience gained from the media as well as from his workmates.

To realize a positive attitude towards the utilization of birth waiting house, supporting factors are needed, namely the role of health workers and non-health workers to be able to improve socialization about birth waiting house by providing counseling or making information about birth waiting house through media both print and electronic so as to improve knowledge and change the understanding of mothers who will then change negative attitudes towards birth waiting house,

Socialization is given not only to the mother but also to the husband and family because the husband and family are the source of decision-making, the utilization of birth waiting house must be with the consent of the husband and family in this case the approval of the husband and family is very important in changing the attitude of the mother in utilizing birth waiting house, Aside from the socialization

of factors from within the mother itself such as curiosity is also very important in determining the mother's attitude towards the utilization of birth waiting house,

## CONCLUSION

There is a relationship of knowledge and attitude with the utilization of birth waiting house the Working Area Tembilahan Hulu Health Center,

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