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Factors Related to the Use of Waiting Honai Childbirth in the Asologaima Health Centre of Jayawijaya Regency

Isai Komba[a*], A. L. Rantetampang[b], Bernard Sandjaja[c]

[a]*Postgraduate Program, Faculty of Public Health Cenderawasih University, Jayapura*

[b]*Chief of Postgraduate Program, Faculty of Public Health, Cenderawasih University, Jayapura*

[c]*Senior Lecturer of Faculty of Public Health, Cenderawasih University, Jayapura*

[a]*Email: isaikomba@gmail.com*

Abstract

The maternal mortality rate and infant mortality rate, an indicator of public health and other indicators that affect life expectancy. This study aims to determine the factors associated with the utilization of waiting Honai childbirth conducted in Asologaima health centre of Jayawijaya in July-August 2015. The study was conducted by quantitative approach with applied a cross sectional study. In the independent variable of this research is the knowledge of the mother, mileage / access, family support, resources, attitudes while the dependent variable was the use waiting Honai childbirth. Population in this study was all mothers delivered in July-August 2015. Sampling technique using the total sample with a sample of 63. Results analysis showed no significant relationship between knowledge and utilization waiting Honai childbirth with p = 0.021 (p <0.05), no significant correlation between the mileage / access with the use of waiting Honai childbirth with p = 0.000 (p <0, 05), there is a significant relationship between family support with the use of waiting Honai childbirth with p = 0.000 (p <0.05), no significant association between the use of resources waiting Honai childbirth with p = 0.000 (p <0, 05), there is a significant relationship between attitudes to the use waiting Honai childbirth with p = 0.000 (p <0.05).

***Keywords*:** Waiting Honai childbirth; Health centre; family support; Jayawijaya.

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*Corresponding author.

1. Introduction

The maternal mortality rate (MMR) is one indicator for the degree of public health. Every year, an estimated that 529,000 women in the world die due to complications arising from pregnancy, childbirth and post-partum so that it is estimated that the maternal mortality rate of 400 / 100,000 live births. The maternal mortality rate is also one of the targets set in the Millennium Development Goal 5 to improve maternal health is where the target to be achieved by 2015 is to reduce to ¾ the risk of maternal mortality. The level of maternal mortality in an area used as an indicator that illustrates the magnitude of the health problems, the quality of health services and resources in a region [1, 2]. Indonesia as a developing country, still has a maternal mortality rate is quite high. Based on the results of health surveys of households (Household) 1992 Maternal Mortality Rate (MMR) in Indonesia 425 / 100,000 live births (KH) and decreased to 373 / 100,000 KH in SKRT 1995, while in SKRT 2001 maternal mortality rate back increased that is equal to 396 / 100,000 KH and of demographic health survey Indonesia (IDHS) 2002/2003 maternal mortality rate amounted to 307 / 100,000 KH while in 2007 the number decreased to 228 / 100,000 live births. The survey conducted AKI has shown a decline over time but there is a considerable gap between regions. While maternal mortality rate in Papua Province in 2012 was 362 / 100.00 Birth of life [3,4].

In order to reduce the problems mentioned above, UNICEF assessment of good practices do in Papua to be used to overcome the problems above. One good practice include the potential implementation waiting Honai childbirth in Jayawijaya as seen from various aspects of life such as social, cultural, geographic, distance to health facilities, human resources or the availability of health workers and family economy. Honai is unique indigenous cultural treasures and made of wood with a cone-shaped roofs made of straw or round reeds. Honai made in Papua for 80% Native Papuans in remote areas, especially the central mountains have Honai home. The shape of the house Honai this wait will give comfort to the people to come and be welcome to stay as long as waiting for delivery. Wait at Honai downs are intended to help bring down the number of maternal deaths by bringing pregnant women to health care facilities in order to prevent delays of treatment on pregnant women, maternity and postpartum in accordance with the required actions and their corresponding network of MCH services groove nearest referral.

2. Materials and Method

This type of research is quantitative research conducted by cross sectional study approach [5,6]. This study was conducted in Asologaima health centre Jayawijaya, Papua Province which was conducted from, July-August 2015. In this research, sampling was not done because the population is limited, so do the census method respondents. So, the entire population sample used in this study are all mothers delivered in July - August 2015 in Asologaima health centre Jayawijaya with 63 respondents.

3. Results

3.1 Univariate Analysis

a. Distribution by Age

Table 1: Frequency Distribution of mother Age who gave birth in Asologoima health centre, July-August, 2014

No	Age	*N*	%
1	< 20 year and > 35 year	27	42,86
2	20-35 year	36	57,14
Total		63	100

Based on Table 1, it can be seen that the maternal age <20 years and> 35 years was 27 people (42.86%) and mothers age 20-35 year was 36 (57.14%).

b. Distribution by Level of Education

Table 2: Frequency Distribution of educational level mothers who gave birth in Puskesmas Asologoima July - August 2014

No	Education level	*n*	%
1	Never school	29	46,03
2	Graduated of Basic school	22	34,92
3	Graduated of Junior high school	11	17,46
4	Graduated of senior high school	1	1,59
5	Graduated of university	0	0
Total		63	100

Based on Table 2, it can be seen that the mother's education level was vary, never school was 29 people (46.03%), completed primary school was 22 people (34.92%), a total of 11 junior high school graduation (17.46%), have completed high school numbered 1 person (1.59%) and graduated college /university was 0 (0%).

c. Knowledge

Table 3: Distribution of knowledge of mothers who gave a birth in Asologoima health centre from July - August 2014

No	Education Level	*n*	%
1	Less	53	84,1
2	Good	10	15,9
Total		63	100

Based on table 3, it is known that the respondents have less knowledge level was 53 people (84.1%) and a good knowledge level as many as 10 people (15.9%).

d. Distribution Based on Mileage / Access

Table 4: Distribution mileage / access of mothers who gave birth in Asologoima health centre from July - August 2014

No	Mileage / access	*n*	%
1	Difficult	46	73,0
2	Easy	17	27,0
Total		63	100

Based on table 4 above, note that the respondents who have difficult access as many as 46 people (73.0%) and easy access as many as 17 people (27.0%).

e. Distribution Based Family Support

Table 5: Frequency Distribution of family support mothers who gave birth in Asologoima health centre from July - August 2014

No	Family support	*n*	%
1	Not support	55	87,3
2	Support	8	12,7
Total		63	100

Based on table 5 above, it is known that the respondents have support families. Those who do not support was 55 people (87.3%) and the those who support was 8 (12.7%).

f. Distribution Based on information Resources

Table 6: Distribution of information resources to mothers who gave birth in Asologoima health centre from July - August 2014

No	Information Resources	*n*	%
1	Non health staffs	50	79,4
2	Health staffs	13	20,6
Total		63	100

Based on table 6 above, it is known that the source of the information obtained from the respondents' non health workers as many as 50 people (79.4%) and of health personnel as many as 13 people (20.6%).

g. Distribution of respondents by attitude

Table 7: Frequency Distribution attitude mothers who gave birth in Asologoima health centre from July - August 2014

No	Attitude	*n*	%
1	Less	42	66,7
2	Good	21	33,3
Total		63	100

Based on Table 7, it can be seen that respondents who have a lack of 42 (66.7%) and have a good attitude 21 people (33.3%).

h. Distribution Based on Utilization Waiting Honai Childbirth

Table 8: Frequency Distribution Honai utilization waits childbirth for mothers who gave birth in Asologoima health centre from July - August 2014

No	Utilization Waiting Honai Childbirth	*n*	%
1	Non waiting Honai	49	77,8
2	Waiting honai	14	22,2
Total		63	100

Based on table 8 above, it is noted that the use of waiting Honai by the mother who give a birth . with non Honai wait was 49 people (77.8%) and delivery by using the facilities waiting Honai was 14 people (22.2%)

4. Analysis Bivariat

The results of the analysis of Rank Spearman correlation test can be interpreted as follows:

4.1. The relationship between Knowledge Utilization Wait Honai Childbirth

The results of Spearman Rank correlation test with significance level $\alpha = 0.05$ was obtained $p = 0.021$ ($p < 0.05$) so that it can be concluded that there is a significant relationship between knowledge and utilization Honai wait for delivery. The correlation coefficient X1 and Y of 0.290, which means a low level of relationship.

4.2. The relationship between Mileage / Access Utilization Honai Wait Childbirth

The results of Spearman Rank correlation test with significance level $\alpha = 0.05$ was obtained $p = 0.000$ ($p < 0.05$) so that it can be concluded that there is a significant correlation between the mileage / access with the use of Honai wait childbirth. The correlation coefficient X2 and Y amounting to 0,535, which means the level of relationship is / was strong enough.

4.3. The relationship between the Family Support Utilization Honai Wait Childbirth

The results of Spearman Rank correlation test with significance level α = 0.05 was obtained p = 0.000 (p <0.05) so that it can be concluded that there is a significant relationship between family support with the use of Honai wait for delivery. The correlation coefficient of 0.599 X3 and Y, which means the level of relationship is / was strong enough.

4.4. The relationship between Resources Utilization Honai Wait Childbirth

The results of Spearman Rank correlation test with significance level α = 0.05 was obtained p = 0.002 (p <0.05) so that it can be concluded that there is a significant relationship between the use of resources Honai wait for delivery. X4 and Y correlation coefficient value of 0.388, which means a low level of relationship.

4.5. The relationship between attitude and Utilization Honai Wait Childbirth

The results of Spearman Rank correlation test with significance level α = 0.05 was obtained p = 0.000 (p <0.05) so that it can be concluded that there is a significant relationship between attitudes to the use Honai wait for delivery. The correlation coefficient of 0.513 X5 and Y, which means the level of relationship is / was strong enough.

5. Discussion

5.1. The relationship between Knowledge Utilization Wait Honai Childbirth

Based on the results of the study showed no significant relationship between knowledge and utilization Honai wait bore with p = 0.021 (p <0.05). Knowledge is the result of know and it happens after people perform sensing to a particular object. Sensing occurs through human senses that the sense of sight, hearing, smell, taste and touch. Someone will take action and being driven by knowledge.

This is in accordance with the revenue L.Green in the book [7,8] which states that one of the determinants of behavior change is the presence of predisposing factors that included the mother's level of knowledge so that knowledge is lacking regarding the use Honai wait childbirth would cause the mother will not be will use existing facilities. Good knowledge will make the right decision in pregnant women, families and communities in health care utilization (Honai wait for delivery) that has been provided by the government.

5.2. The relationship between Mileage / Access Utilization Honai Wait Childbirth

Based on the results of the study showed no significant correlation between the mileage / access with the use of Honai wait bore with p = 0.000 (p <0.05). Reference [9] states that the factor of health care facilities as one factor supporting (enabling factor) in improving health of the community, especially Maternal and Child Health (MCH). The availability of health care facilities for mothers who are equipped with trained personnel or experts, technology tools and adequate medicines is a major prerequisite.

In areas that are difficult to reach and in high-risk cases that clearly require handling at adequate health services

facilities, then pregnant women should be pursued were close health services facilities few days before give a birth. Therefore, it is necessary the existence of a place near the base health services facilities or referral (hospital) where pregnant women can stay while before the time of delivery. Health services Facility easily accessible will give effect to pregnant mothers to take advantage of maternity facilities like Honai wait for delivery.

5.3. Relationship between Family Support Utilization Honai Wait Childbirth

Based on the results of the study showed no significant correlation between family support with the use of Honai wait bore with p = 0.000 (p <0.05). According to [10, 11], the support is an effort that is given to others, both moral and material to motivate the person in carrying out the activities.

Support can be interpreted as one among the functions of linkage or in terms of functional social ties that include emotional support, encourage their expression and feeling, to give advice or information, assistance material. Family-support refers to the perceived social support by family members as the accessible / held for family [12]. Mothers who have the support of her husband / family are expected to be more willing and eager to take advantage of health services such as utilizing the waiting Honai bore that has been provided by the local government.

5.4. Relationship between Resources Utilization Honai Wait Childbirth

Based on the results of the study showed no significant association between the use of resources waiting Honai bore with p = 0.000 (p <0.05). The source of information is everything becomes an intermediary in providing information, stimulate the mind, abilities and gain knowledge [7]. Ease to obtain a person's information can accelerate new knowledge. Source of information regarding the use of Honai wait for delivery may be obtained from the mother's health workers through counseling is done every time when officers visit the village. Information about the health facility utilization Honai wait for delivery have been known by the public will certainly increase the participation of the public will use the facilities provided by the government.

5.5. The relationship between attitude and Utilization waiting Honai Childbirth

Based on the results of the study showed no significant relationship between attitudes to the use waiting Honai childbirth with p = 0.000 (p <0.05). Attitude contains impetus motivation. Attitude not just record the past but also determine whether a person should be pros and cons. Determine what she likes, it is expected and desired rule out what is what is not wanted and what to avoid. Attitude is relatively settled, resulting from experience and not inborn but is the result of learning, because that attitude can be strengthened or changed. In the social psychology that attitude is the tendency of individuals that can be determined from the ways to do [8, 13]. Attitudes towards an object can be interpreted that mothers with less attitude / negative have a better chance to hold negative attitudes in health facilities and great attitude / positive to have a better chance to have a positive attitude in the health facilities [14, 15].

6. Conclusion

Based on the results of the research study titled factors related to the utilization waiting Honai childbirth in Asologaima health centre Jayawijaya can be concluded: There was a significant relationship between knowledge and utilization of waiting Honai childbirth with p = 0.021 (p <0.05), no significant correlation between the mileage / access with the use of waiting Honai childbirth with p = 0.000 (p <0.05) , there is a significant relationship between family support with the use of waiting Honai childbirth with p = 0.000 (p <0.05), no significant association between the use of information resources with waiting Honai childbirth with p = 0.000 (p <0.05) , there is a significant relationship between attitudes to the use of waiting Honai childbirth with p = 0.000 (p <0.05).

7. Suggestions

With the results of the above conclusion, the author gives advice to: Local Government Jayawijaya: To monitor the performance of government agencies, especially in Jayawijaya District Health Office in order to improve health services to the community better. DHO Jayawijaya: To monitor the health services, especially in Asologaima health centers with attention to maternal and child health services so that quality of service to the community will be increased. Asologaima health centre: To increase the use of health promotion specifically about waiting Honai childbirth to the public so that it can be known health information public.

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