



Behavior of Pregnant Women In Pregnancy Examinations In Manisa Village, Baranti District

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ABSTRACT

The occurrence of maternal deaths is related to direct causal factors and indirect causes. The direct causes of maternal death in Indonesia are still dominated by factors. by bleeding, eclampsia, and infection, while the indirect factors causing maternal death are because there are still many cases, 3 too late and 4 too late, which are related to access, socio-cultural, educational and economic factors. This research uses a combination method with a sequential explanatory design. The first uses quantitative methods, and the second uses qualitative methods. A quantitative approach is used to identify and explain variables that influence behavior such as knowledge, attitudes, facilities and encouragement of officers. A qualitative approach is used to support and complement quantitative research results. The chi-square test shows that there is a significant relationship between knowledge, facilities and encouragement of health workers on the behavior of pregnant women in pregnancy checks. P value = 0.001. If the significance value is <0.05, it is recognized that there is a statistically significant correlation. Meanwhile, attitudes show no statistical correlation. The logistic regression test shows that there is an influence between knowledge and facilities on the behavior of pregnant women. There are two substantial findings, namely regarding knowledge about antenatal care and the availability of facilities which influence the behavior of pregnant women in antenatal care.

Keywords: Behavior of Pregnant Women, Pregnancy Examination, Direct and Indirect Causes Direct





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1. Introduction

Improving maternal health in Indonesia is the fifth Millennium Development Goal (MDGs). Efforts to reduce maternal and newborn mortality rates must take a steep path. Reducing the Maternal Mortality Rate (MMR) to 102 per 100,000 live births, and the Infant Mortality Rate (IMR) to 23 per 100,000 live births must be achieved. The Maternal Mortality Rate (MMR) in 2012 was very surprising. Maternal mortality increased significantly to 359 per 100,000 live births (IDHS, 2012).

The Maternal Mortality Rate (MMR) based on reports from Buton Regency midwives in 2013 was recorded at 242 per 100,000 live births, an increase compared to 2012 which reached 211 per 100,000 live births. When compared with the national figure of 359 per 100,000 live births in 2012, the provincial MMR target contained in the 2008-2013 Southeast Sulawesi Provincial Health Development Plan, as well as the global agreement (MDG's Millennium Development Goals) which targets MMR in 2015 can be achieved. The figure is 102 per 100,000 live births, so the MMR for Buton Regency is still quite high.

Antenatal care examination is the examination and supervision of pregnancy to optimize the mental and physical health of pregnant women, so that they are able to face childbirth, the postpartum period, preparation for breastfeeding and the return to normal reproductive health (Manuaba, 1998).

The Preced-Proceed theory developed by Lawrence Green (in Notoatmodjo, 2010) which was pioneered in 1980 tries to analyze human behavior from the level of health which is influenced by two main factors, namely internal behavioral factors and external behavioral factors. Based on this theory, behavior is influenced by three main factors, which are summarized in the acronym PRECEDE: Predisposing, Enabling, and Reinforcing Causes in Educational Diagnosis and Evaluation. In the Precede, the behavioral model is determined or formed from 3 factors, namely:





- a. Predisposing factors (Predisposing Factors), which are manifested in knowledge, attitudes, beliefs, values and so on. For example: health checks for pregnant women require the mother's knowledge and awareness about the benefits of pregnancy checks, both for the health of the mother herself and her fetus.
- b. Enabling factors, which are manifested in the physical environment, the availability or unavailability of health facilities or facilities. Driving or reinforcing factors (Reinforcing Factors), which are manifested in the attitudes and behavior of health workers or other officials, who are the reference group for community behavior. (Notoatmodjo, 2010).

2. Research Method

This research uses a combination method of sequential explanatory models. use of combined methods sequentially. The first uses quantitative methods, and the second uses qualitative.

3. Results And Discussions

Characteristics of Pregnant Women

Table 1
 Relationship between Pregnant Women's Knowledge and Behavior
 in Pregnancy Check-ups

| Behavior | Knowledge | | | | Total | |
|-----------------|----------------|-------|--------|-------|-----------|-------|
| | High | | Low | | | |
| | N | % | n | % | N | % |
| Good | 67 | 59,82 | 25 | 22,32 | 92 | 82,14 |
| Bad | 7 | 6,25 | 13 | 11,61 | 20 | 17,86 |
| Amount | 74 | 66,07 | 38 | 33,93 | 112 | 100 |
| Chi Square Test | $X^2 = 10,486$ | | df = 1 | | p = 0,002 | |

Shows a Chi-Quadrat value (calculated t value) of 10.48, degree of freedom 1 (t table 3.84) and Asymp value. Sig. (2-sided) 0.002. The calculated t value > t table value which means there is a relationship between knowledge and behavior. Then also on the Asymp value. Sig. (2-sided) < significance value (0.001 < 0.05) meaning that Ho is rejected and Ha is accepted showing a statistically significant relationship. This can be interpreted as





meaning that there is a relationship between knowledge of pregnancy checks and the behavior of pregnant women in having pregnancy checks.

This is in accordance with the results of research conducted by Yunita and Ikram (2013) regarding the relationship between knowledge and attitudes of pregnant women towards pregnancy check-up visit behavior in Tanjung Karang Barat District, Bandar Lampung City, that there is a strong and significant relationship between knowledge of pregnant women and visit behavior. pregnancy test.

The results of interviews conducted with pregnant women with good behavior show that pregnant women know about the benefits of pregnancy check-ups. Interviews were also conducted to determine pregnant women's knowledge about the frequency of pregnancy checks.

Table 2
Characteristics of pregnant women in Manisa Village

| Variable | | |
|-------------------|-----|------|
| Age | | |
| • < 20 | 10 | 8,9 |
| • 20 – 25 | 28 | 25 |
| • > 25 | 74 | 66,1 |
| Total | 112 | 100 |
| Education | | |
| • School | 92 | 82,1 |
| • No school | 20 | 17,9 |
| Total | 112 | 100 |
| Work | | |
| • RT's mother | 70 | 62,5 |
| • Not RT's mother | 42 | 37,5 |
| Total | 112 | 100 |
| Gestational Age | | |
| • 1 – 3 | 35 | 31,3 |
| • 4 - 6 | 56 | 50,0 |
| • 7 - 9 | 21 | 18,8 |
| Total | 112 | 100 |





Shows that the majority of pregnant women are >25 years old, namely 74 people (66.1%). According to the BKKBN, the ideal gestational age for a woman is between 20-35 years (WHO 2014). Based on the results of the T-Test statistical test, the average age of respondents was 27 years. Women who become pregnant under the age of 20 years or over 35 years have a high risk of child death and spontaneous abortion. Readiness for pregnancy and childbirth is determined by physical, mental/emotional/psychological readiness and socio-economic readiness. The results of the univariable analysis also show that the dominant type of work is housewife, 70 people (62.5%). For education, in general 92 respondents or (82.1%) attended school. Manisa sub-district is an area that has school facilities such as kindergarten, elementary school, middle school and high school, where most of the respondents' last education was high school and middle school. The highest gestational age of respondents was in the second trimester, as many as 56 people (50%).

Table 3

Frequency Distribution of Variables Knowledge, Attitudes, Facilities/Means, Encouragement of Health Workers and Behavior of Pregnant Women in Pregnancy Check-ups

| Variable | N | % |
|---------------------------------|-----|------|
| Knowledge | | |
| • Tall | 74 | 66,1 |
| • Low | 38 | 33,9 |
| Total | 112 | 100 |
| Attitudes | | |
| • Agree | 62 | 55,4 |
| • Don't agree | 50 | 44,6 |
| Total | 112 | 100 |
| Facilities/Means | | |
| • Available | 101 | 90,2 |
| • Not available | 11 | 9,8 |
| Total | 112 | 100 |
| Encouragement of Health Workers | | |
| • Encouragement | 102 | 91,1 |
| • No encouragement | 10 | 8,9 |
| Total | 112 | 100 |





| | | |
|----------|-----|------|
| Behavior | | |
| • Good | 92 | 82,1 |
| • Bad | 20 | 17,9 |
| Total | 112 | 100 |

Shows that of the 112 respondents, the majority of pregnant women had high knowledge about pregnancy checks, namely 74 respondents or (66.1%). Respondents generally knew the benefits of pregnancy checks and the dangers of not having them, however, some respondents did not know when they should have their first pregnancy check and the frequency of pregnancy checks and this was shown. In the knowledge variable table, of the 112 respondents there are 38 respondents or (33.9%) with low knowledge. Of the 112 respondents, the majority of pregnant women showed agreement with 62 respondents (88.4%).

Some respondents showed an agreeable attitude. An agreeable attitude is due to having high knowledge of pregnancy checks because the basis of a person's attitude is good because they have good knowledge of an object. Most pregnant women said health facilities were available. The facilities available include medical equipment, as well as health workers, in this case doctors and midwives who are believed to have capabilities in the health sector. Most pregnant women said that officers encouraged them to have pregnancy checks. The encouragement referred to in this research is the role of officers in providing information and support in checking pregnancies.

This shows that the role of officers in pregnancy checks is very high. The majority of pregnant women showed good behavior regarding pregnancy checks, 92 respondents (82.1%). Pregnant women who behave well have their pregnancy checked according to a predetermined schedule.

4. Conclusion

- Shows that there is a relationship between pregnant women's knowledge and behavior in pregnancy check-ups. Knowledge is the main aspect for determining a person's behavior, whether they are aware of it or not, and are able to regulate their own behavior.





2. The results of the study show that there is no relationship between the attitudes of pregnant women and their behavior in pregnancy check-ups. The formation of an agreeable attitude or positive attitude is based on high knowledge. So it is necessary to continuously provide understanding to pregnant women about the importance of pregnancy check-ups to foster an agreement or positive attitude to realize the importance of pregnancy check-ups.
3. The research results show that there is a relationship between pregnancy check-up facilities/suggestions and the behavior of pregnant women in having pregnancy check-ups. The availability of the facilities/facilities mentioned above will tend to encourage pregnant women to carry out pregnancy check-ups. This will increase pregnancy checks and at the same time improve the health status of pregnant women.
4. The research results also show that there is a relationship between encouragement from health workers and behavior in checking pregnancy. This driving force will provide a stimulus that encourages you to carry out pregnancy checks. With encouragement from health workers, apart from being able to improve the health of pregnant women, it can also provide additional knowledge so that pregnant women will always carry out health checks, especially pregnancy checks.
5. There are two important findings from the results of this research, namely that knowledge and facilities/means influence behavior. The higher the knowledge, the more behavior improves. The OR knowledge value is 3.074, which means that pregnant women with high knowledge tend to behave well in pregnancy checks 3.074 times. The OR value for facilities is 14.43, which means that the availability of health facilities means that pregnant women tend to behave well in pregnancy checks 14.43 times. High knowledge and availability of health facilities can improve prenatal examinations of pregnant women, improve the health status of pregnant women and babies so as to reduce maternal and infant mortality rates during pregnancy and childbirth.

Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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