

ISOPH 2017

Surabaya, Indonesia
November 11-12, 2017

PROCEEDINGS OF THE 2ND INTERNATIONAL
SYMPOSIUM OF PUBLIC HEALTH

Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

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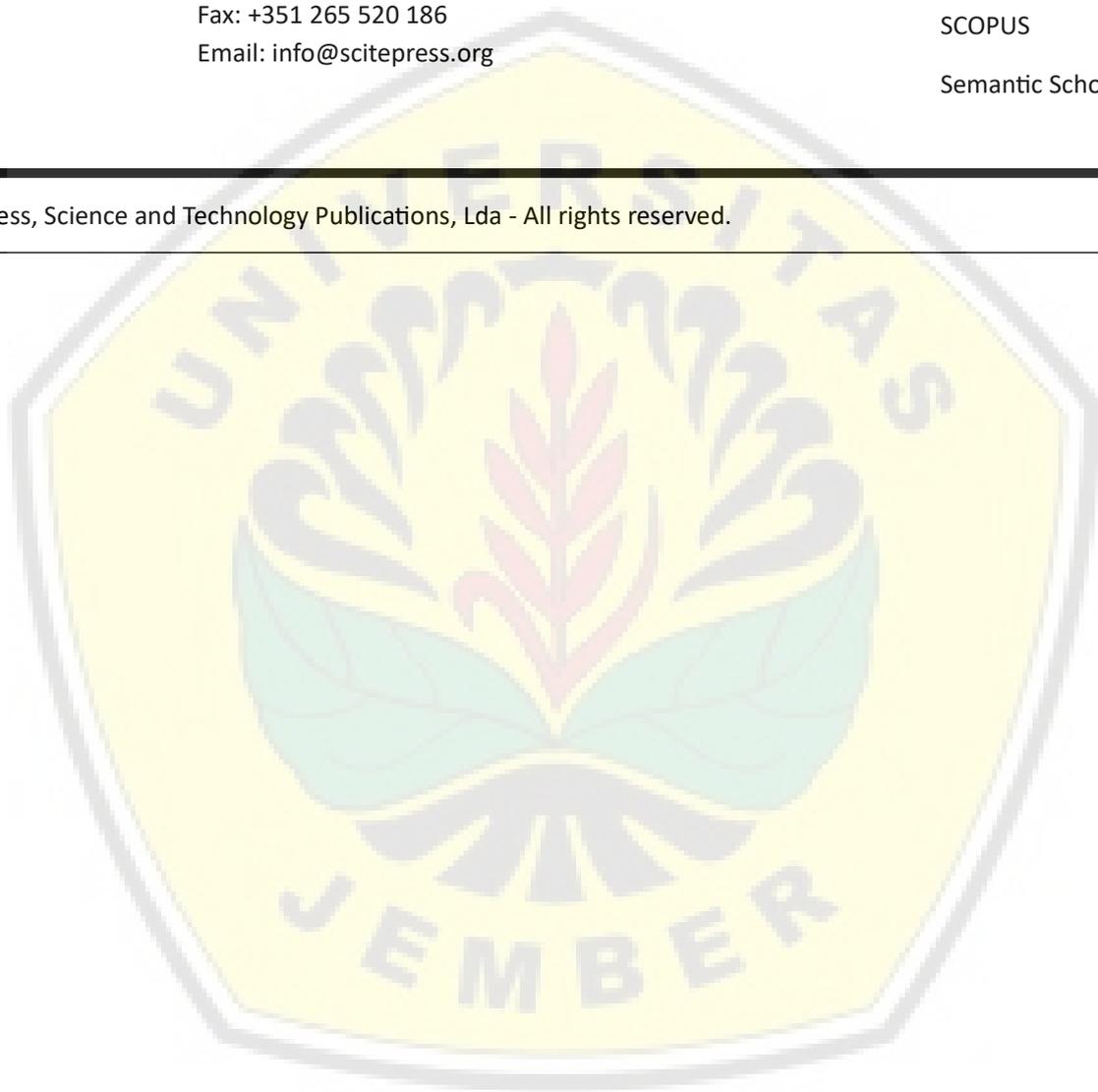
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The Correlation Between Pregnant Mother Class Participation and Completeness Status of Plenary Health Service Visit (K4) at Working Area of Puskesmas Sukabumi in Probolinggo Municipality

In Proceedings of the 2nd International Symposium of Public Health - Volume 1: ISOPH, 488-494, 2017, Surabaya, Indonesia

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Keywords: Pregnant mother class participation, K4.

Abstract: Pregnant mother class is a community empowerment facility through study group about the health of pregnant mother. The participation of the community in joining the class in Puskesmas (Public Health Center) Sukabumi is still low because, the information about health of pregnant mother is given personally when the pregnant woman come to check up their pregnancy. The pregnant mother class is very effective to improve the knowledge of pregnant mothers. The increased knowledge of pregnant mothers will change the behaviour of pregnant mother to keep on checking up the pregnancy until plenary visit (K4). A good antenatal service can reduce the maternal mortality rates. The research was conducted using Quantitative Observational Analytic with cross sectional study approach. The population in this research was pregnant mother on the third semester of pregnancy in August - September 2017 in Puskesmas Sukabumi, Probolinggo Municipality. The size sample was 63 pregnant mothers. The simple random sampling method was applied in taking the sample in this research. The research analysis was applied to find out the variable relation SEM with PLS equipment. There is a significant relation between participation of pregnant mother in joining the class and pregnant mother plenary health service visit completeness status (K4).

1 INTRODUCTION

This pregnant mother class is a medium to study together about the health for pregnant mothers. It is performed by face to face communication within a group. It aims at improving mothers' knowledge and soft skill about pregnancy, labor, childbirth, and family planning after childbirth, prevention of compliance, newborn care and physical activity/ pregnant mother gymnastics. The activity was done per group in 4 times of meeting during the pregnancy. The pregnant mother class has been done in Puskesmas Sukabumi, but the society participation in joining the class is minimum, from 30 pregnant mothers who took part, there were only 15 pregnant mothers joining the class. Along with this health counseling for mother pregnant in general, there are many things to be done through personal consultation when checking up the pregnancy. This kind of activity causes the required knowledge of pregnant mother is only limited to the health case experienced at the time of consultation. Health workers are expected to further promote

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 In 2nd International Symposium of Public Health (ISOPH 2017): Advancing ESDs in South East Asia: Challenging and Tackling of Tropical Health Problems, pages 488-494
 ISBN: 978-602-76128-4
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ISBN: 978-989-758-338-4

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ISSN: 2184-3643

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Indonesia is 359 per 100.000 live birth, this number is far beyond the MDG target in 2015 that is 102 per 100.000 live birth.

Based on the preface at Puskesmas Sukabumi and Health Department of Probolinggo, the implementation of pregnant mother class has already been done since 2009 at the work area of Puskesmas Sukabumi. The maternal mortality rate in Probolinggo is still high in 2016 as 163 per 100.000 live birth. ANC service in the work area of Puskesmas Sukabumi in 2015 did not achieve the target. The achievement of K1 achieved 94%, from the target of 98% and the pregnant mother visit (K4) at Puskesmas Sukabumi was far beyond the target that achieved 84% from the target 94 %. It still did not achieve the ANC clinic and the pregnant mother K4 visit, relating to Minimal Service Standard. The performance achievement of K1 and K4 at the work area of Puskesmas Sukabumi achieved the lowest of all.

The efforts to increase either for the individual's or group's health are effected by the healthy lifestyle of individual or group. Kartini (2012) states that the individual health or society is affected by the main factors, namely behavior and non behavior factors. Behavior is determined by 3 factors. First is predisposing factor covering knowledge, attitude, interest, social culture, other elements of individuals. The second is the supporter factor, covering the healthy service medium and the ease of achieving it. The last is driving factor which includes family support.

The research done by Setyaningsih, et al (2016) at the village of Teluk and Karangklassem states that the pregnant mothers' knowledge about pregnancy increase from 14 to 16 points toward the pregnant mothers from the pregnant mother class participation. Similar research done at Kebumen regency. The result shows that the pregnant mother class increase the pregnant mothers' knowledge. The increased knowledge of pregnant mothers will change the behavior of pregnant mothers to keep on checking up the pregnancy until plenary visit (K4). Hastuti (2011) states that with the class of pregnant mother, ANC visit of pregnant mother increase three times compared with that of before following the pregnant mother class.

Beside internal factors, external factors can also create awareness among pregnant mothers to take a part actively in pregnant mother class. Therefore, support from family is needed. The support can come from husband as the motivator for his wife in order to keep healthy. Support from husband gave big influence. Pregnant mothers with highly

emotional support participated in the pregnant mother class as 100% (Nop, 2015). Pregnant mothers who get big support from family have a tendency to follow the pregnant mother class more actively (Astuti et al (2016)). The family's support for the pregnant mother class is needed to increase the plenary visit of pregnant mother (k4).

The aim of research was to analyze the level factor of pregnant mother and the family's support relating to the participation of pregnant mother class. Finally the completeness status of plenary health service visit of pregnant mother would be achieved well at the area of Puskesmas Sukabumi.

2 METHODS

This research used the analytic observational quantitative with the study method of cross sectional. This research used the measure or observation to the independent variable namely factors in the program realization of the pregnant mother class with the related variable (dependent) of this research, the completeness status of plenary health service visit of the pregnant mother that performed in the same time.

The research population was the pregnant mothers on their third trimester of pregnancy. The calculation of big sample used the formula of Lemshow (1997). There were 63 pregnant mothers. Sampling technique used in this research was with simple random sampling method. Data collection technique in this research was done through interview, observation, and documentation. The tools used for this research were questioner for interviewing, report and kohort of pregnant mothers for the observation and documentation. Research analysis to know the relating variable was done the analyses of Structural Equation Modeling (SEM) with the tools of PLS.

3 RESULTS

Table 1: Frequency distribution of respondent characteristics.

Characteristics	Frequency	Percentage
Age		
Fine (20-30 years)	38	60,4
High risk	21	33,2
Very high risk (36-49 years)	4	6,4
Total	63	100

Education		
Low education	30	47,7
Middle education	28	44,4
High education	5	7,5
Total	63	100
Parity		
Not at risk	62	98,4
At risk	1	1,6
Total	63	100

The results of this research shows that there were 63 respondents. Most of the respondents belonged to the group with criteria of pregnant mother with good age, her pregnancy was not at risk. In addition, the respondents' education was low and not risk parity.

Table 2: Participation of pregnant mother in following pregnant mother class.

Criteria for Pregnant Mother Class	Frequency	Percentage
Poor (do not follow pregnant mother class)	26	41,3
Fair (1-2 times)	37	58,7
Good (3-4 times)	0	0
Total	63	100

Based on table 2, most of pregnant women participated in pregnant women class 5 as 8,7% for 1-2 times.

Table 3: Completeness status of health service visit of maternity plenary (K4) in Puskesmas Sukabumi.

Criteria for Completeness Status of health service visit of maternity plenary (K4)	Frequency	Percentage
Poor (< 4 times)	32	50,8
Good (4 times by rule)	31	49,2
Total	63	100

Data for the completeness of the visit of pregnant mothers (K4) shows that 32 pregnant women did not done complete examination until 4 times.

Table 4: Relationship between level of mothers' knowledge participation in following the class of pregnant mothers in Puskesmas Sukabumi working area.

Variabel	Deviation Standard	T-statistic	P-value
Relationship between level of mothers' knowledge participation in following the class of pregnant mothers	0,073	13,245	0,00

The relationship between the knowledge level of pregnant women with the participation classes was significant.

Table 5: The relationship between family's support and participation in pregnant mother class.

Variabel	Deviation Standard	t-statistic	p-value
Relationship between Family's support And participation in pregnant mother class	0.191	1,413	0,079

Based on Table 5, we know that the relationship between family's support and participation in pregnant mother class is the relation of regression from indicator to construct, that is from indicator of family support to participant construction following pregnant mother class with standard deviation 0,191, with t-statistic 1,413 was smaller as 1,69 and p - value of 0.05 had no significant relationship.

Table 6: Relationship between class participation of pregnant mother with completeness status of maternal health care visit (K4).

Variabel	R-square	T-statistic	p-value
Relationship between class participation of pregnant mother with K4	0.454	4,638	0,00

The relationship between the participation of pregnant mothers' grade with K4 had significant effect with R-square 0,454, the value of T-Statistic

was also above 1,96. There was significant correlation.

4 DISCUSSION

The result of research shows that most of the respondents' age was a group with the criteria of expectant mother of good age, not at risk in her pregnancy for 38 was 60,4%. It can be assumed that the pregnant mother got married approximately at the expected ages after graduating from school and getting a job. While, the rate of education level of pregnant mothers at the work area of Puskesmas Sukabumi was SMP (Junior High Student). This could be affected by the social-economic level of society, in which the respondents were known to have lower education as 47%. Geographically, the north border of Puskesmas Sukabumi is the north beach (Madura Strait). Thus, most of the people's livelihood is fisherman, especially at Mayangan sub-district. The education level of fishermen is low due to the poverty so it is not possible to provide the higher education. Formal education is done just to get the basic skill such as reading and writing, but not to enlarge the insight for their future provision of life. Although they attend formal education, but the true education is given directly by involving their children in fishing activities.

Respondents with parity at not risk were more dominant in this research because the nowadays society has already understood about the benefits of family planning (KB) that can improve their family's life. Respondents in this research examined their pregnancy at the clinic or the nearest midwife. This happened because the pregnant mothers with low parity/ not at risk or had a strong desire to examine their pregnancy frequently (Walyani, 2015).

4.1 Relationship Between Characteristics Of Pregnant Mother And Participation In Pregnant Mother Class.

The participation in pregnant woman class by pregnant woman aged 20-30 was high as 22 people (34,9%). Mothers at this age range is considered in ideal condition, not at risk in pregnancy and is assumed to be highly motivated and active in doing physical activity. Respondents with low level of education, those who graduated from elementary and junior high school, who participated in pregnant

class mothers was 47%. It is assumed that pregnant women with low level of education are jobless and had much free time to follow the class of pregnant women. Thus, one of factors causing pregnant women less active in the class of pregnant women is work factor. Work is a basic activity that is done routinely to support household needs. Employment status will make it easier for the pregnant women to get health services. Pregnant women still work and do not change the pattern of daily work. Pregnant women sometimes work hard until at last period of the pregnancy and they have to go back to work again after the childbirth because they also help earn money for family. Mothers with higher education are usually busy and do not have time to check their pregnancy. (Depkes RI, 2012)

There is no relationship among mother's age, education, parity and participation in pregnant mother class. This can be seen from the relation of regression of indicator to invalid construct of outer values of Loadings and weights of smart PLS analysis result. The result of this research is in line with Notoatmojo's opinion (2012) that states mother's age, education, and predisposition factor do not give direct influence to participation in pregnant mother class. Characteristic factors like age, gender, other predisposing factors have no direct effect to health education program. Age of pregnant women should not be too old and not too young, so the need for health services for participant in the age group <20 or> 35 years should be higher. Age can affect readiness and activeness of respondents. The higher the age of a person, the higher the experience and knowledge they have and it will affect one's attitude.

Participation of pregnant mother, seen from mothers' education in this research, indicate that mothers with low education who finish junior high school, had high level participation in class of pregnant mother. Based on this study, the level of education does not affect the participation of pregnant women class. It is assumed that moderate and highly educated mothers are likely to have jobs, thus hampering participation in pregnant women class.

Participation of pregnant mother, when seen from parity of pregnant mother in this research, indicates that pregnant mother of parity 1 was high in participation as 98% of pregnant women. After being analyzed, there was no relation between parity of mother with participation in class of pregnant mother. This is in line with Notoatmojo's opinion that the characteristics of mother; age, education level, and parity have nothing to do with participating in pregnant women class. This is also

in line with Nopi's (2015) multivariate analysis results which shows that there is no significant relationship between higher education and mothers' participation in pregnant mother class.

4.2 Participation of Pregnant Mothers in Joining The Pregnant Mother Class.

The implementation of pregnant mother class at Puskesmas Sukabumi, Probolinggo was performed relating to the agreement both facilitator and participants. In every meeting, the activity is started with a pretest. The material was adjusted with the need and condition of pregnant mother, but it constantly used the main material. At the end of each meeting, post test was conducted followed with gymnastics for pregnant mothers. Pregnant women class was carried out by the Clinic which responsible for role and function of its implementation.

The pregnant mothers' participation in class of pregnant mother was 58,7% in 1-2 times meetings. The number of pregnant mothers who did not participate in the class of pregnant mothers was influenced by individual factors. Pregnant mothers realized the importance of participating in pregnant women class and so did the pregnant women who worked and did not have time to join it. The important things to build the self-awareness and to improve the participation of pregnant women in class of pregnant women are motivation and family's support, especially from husband. This is in line with Nopi's opinion (2015). Because the respondents lived coastal area and their husband's job was a fisherman, support from husband was lack. It resulted in that rate of the participation of pregnant women at the working area of Puskesmas Sukabumi which was low.

4.3 Completeness Status of Pregnant Woman Health service visit (K4)

The visit of pregnant women K-4 is the contact of pregnant mother with health officer to get pregnancy examination, with the distribution of contact as follows: at least once in quarter 1, at least once in the second quarter, and at least 2 times in 3rd quarter (Depkes RI, 2007). Maternal and child health services, includes antenatal care provided to mothers during pregnancy for the purpose of monitoring the progress of pregnancy, ensuring maternal health and infant's growth from early pregnancy to childbirth. Antenatal services are performed at *puskesmas*. If the pregnancy is at risks

and complications, the pregnant woman will require referral to hospital (Depkes RI, 2001). Based on the completeness of the visit of pregnant women (K4), there were 32 pregnant women who did not complete examination up to 4 times and 31 pregnant women had complete examination ranged (49.2%). This is in accordance with the participation rate in the class of pregnant women as 58% and the target of this research was pregnant mother in quarter 3, so there were pregnant women who did not complete inspection (K4) although they did the examination every month. According to operational definition, K4 is the contact of pregnant women with health workers with the distribution of contacts at least 1 time in quarter 1, at least 1 time in the second quarter, and at least 2 times in the 3rd quarter.

4.4 The Relationship Between The Knowledge Level of Pregnant Mother And The Participation in The Pregnant Mother Class.

The knowledge of pregnant mothers in this research is the understanding of pregnant mothers to act on a medical check-up related to the standard of maternity health services plenary (K4).

Based on the table 3.4, the relationship between the mothers' knowledge and the participation in the pregnant mother class was significant with the value of T-Statistic 12.345 above 1,96, while p-value 0,000 was less than 0,05. The variable of pregnant mothers' knowledge influenced the participation in the mother pregnant class. Notoatmojo (2015) says that experience is the best teacher. It means that the experience is the source of knowledge, or the experience is the way to get the truth of knowledge. Knowledge is the result of knowing and this happens after someone had the sensing towards certain object. Knowledge is the most important domain to shape one's actions. Knowledge or information obtained by the pregnant mother pushes her to take a part in the pregnant mother class. This way, is in line with Lutfiana's research (2011) which says that one's education is not only derived from formal education, it can influence the level of pregnant mothers' knowledge.

The attitude of pregnant mother in the research is her response in following the pregnant mother class to achieve the plenary services (K4). In this research, the purpose of pregnant mother class was to add the understanding, to change the attitude and behavior of pregnant mother in performing the plenary health services (K4). This is in line with the opinion of Notoadmojo (2010) that says one's

knowledge will increase one's awareness. One's awareness and one's attitude are related to one's knowledge. The pregnant mothers' attitude in this research did not influence their participation in pregnant mother class but it would influence the status of completeness of plenary health service (K4). This is in line with Hastuti's research (2011) that says the positive behavior increases receives almost 5 times after following the pregnant mother class and antenatal care visit achieves the ideal significantly after following the pregnant mother class.

4.5 The Relationship Between The Family's Support And The Participation in The Pregnant Mother Class.

The relationship between the family's support and the participation in pregnant woman class was not valid when we see the value of outer weight with t-statistics 1,469 which was smaller than 1,69.

Family's support in this research was from husband or other family members in participating the class of pregnant woman in order to perform the plenary examination of pregnant woman. The analysis of this research showed that the family's support in participating the pregnant woman class had no effect, this is not in line with Mestri's opinion (2013) that says a mother who gets high support from family tends to complete antenatal service. Astuti's (2016) also states that the pregnant woman with high support from family tends to follow the class more actively.

Family is the smallest unit of the society that contains husband and wife or husband, wife and children, or father and children or mother with children who are in commitment to look after so it is possible to share the available duties of the family effectively and efficiently. Family's support is a positive thing. This research result shows that the family support had no effect on the participation in pregnant mother class. It is assumed that some duties of the family can be done or in some cases, husband's support is absent because they work and are rarely at home, especially those who become fisherman. Family's support is expected to help find out the information, provide a sense of security, conducive environment so that the pregnant mothers are happy to participate in the class.

4.6 The Relationship Between The Participation in Pregnant Mother Class And The Completeness Status of Maternity Health Care Visit.

Pregnant mother class is a means to learn together about health of pregnant mother in the form of face-to-face communication in groups. This program aimed at increasing knowledge and skill of pregnant mothers about the pregnancy, pregnancy care, labor, postpartum care, newborn care, Post Family Planning, complication prevention, newborn care and physical activity / pregnancy exercise, (Kemenkes RI, 2014). In this research, the relationship between pregnant mother class participation and completeness of health service visit of pregnant mother (K4) had a significant effect with T-Statistic above 1,96. Based on the coefficient determinant, R-square was 0,454. This can be concluded that the pregnant mother class participation influenced the completeness status of maternity health service (K4) as 45%, while the other factor affecting which was not checked in this research was 55%.

The maternal class participation is expected to increase the knowledge, change the attitude and the behavior of pregnant mothers to perform the examination of plenary health service. The increasing of knowledge and experiences of participation following the pregnant mother class changed attitude such as the visit of *antenatal care* relating to the schedule based on the ideal standard. This is in line with Hastuti's Research (2011) that says pregnant mothers who join pregnant mother class and the visit of antenatal care based on the ideal standard increase 3 times compared with before following the pregnant mother class. This effective way is able to increase the visit of ANC based on the ideal standard.

The class participation of pregnant mother can increase the change of pregnant mothers' attitude. The pregnant mothers' health examination K1 and K4 is the output to become the main strength of pregnant mother class program. This research shows that 55% from the another effect needed to examine in the program of pregnant mother that is the Role of Health Department being not maximal in pushing the implementation of pregnant mother class such as the management of organization, the intensive training of facilitator or even the supporting means and infrastructure (Fuada, 2015).

5 CONCLUSIONS

- The pregnant mother class participation in the area of Puskesmas Sukabumi in Probolinggo was 58% which exceeded the pregnant mother groups with a fine category (did not have a high risk)
- The completeness status of plenary health service visit (K4) is 49%.
- There was a significant relationship between the pregnant mothers' knowledge and the participation in pregnant mother class.
- There was no relationship between family's support and the participation in pregnant mother class.
- The participation of pregnant mother class has an influential effect towards the completeness status of plenary health service (K4) as 45%; while, the other unexamined influence factor in this research as 65%.

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