



BEHAVIOR IN PREGNANT WOMEN TAKING ANTENATAL CARE TRIMESTER 3 IN CLINICAL CARE PREGNANCY RSUD SIDOARJO

¹Dya Sustrami, ²Dhian Satya Rachmawati

¹Lecturer at Hang Tuah Health Science Institute; dyastramii@stikeshangtuah-sby.ac.id

²Lecturer at Hang Tuah Health Science Institute

ABSTRACT

Background: Antenatal care is the supervision before delivery primarily aimed at the growth and development of the fetus in the womb. The behavior of pregnant women in antenatal care visits aims to monitor fetal growth, as well as possible complications that occur during pregnancy. The purpose of this study was to determine the behavior of pregnant women in antenatal care visits in pregnant women trimester 3 at Pregnancy Clinic RSUD Sidoarjo. **Methods:** This research is a descriptive research with cross sectional approach. The population used is trimester 3 pregnant women in Pregnancy Clinic RSUD Sidoarjo on June 7, 2013 and sampling technique using Simple Random Sampling, as many as 80 respondents. The research instrument used is questionnaires that are tested using observation and interview. **Results:** The results showed the behavior of pregnant women in Pregnancy Clinic RSUD Sidoarjo has stated appropriate behavior is shown with good knowledge and a positive attitude toward pregnancy examination There is a Relationship Between the Behavior of Pregnant Women in doing antenatal care visit trimester 3 at Pregnancy Clinic RSUD. **Conclusions:** Looking at the results of this study can be concluded that the behavior of pregnant women is able to maintain good knowledge, positive attitude, and appropriate behavior is expected in the future pregnant women can do antenatal care so that during the next pregnancy the mother can maintain the health of mother and fetus.

Keywords: Antenatal Care, Behavior, Pregnant Women Trimester 3

INTRODUCTION

Antenatal service is a program that consist of: health check, observation, and education to pregnant women in structured and planned to gain an pregnancy and safe delivery and satisfying (Purwanti, 2012). According to Sulistyowati (2009) in accordance with Ministry of Health Policy, minimum visit during pregnancy is 4 times, that is 1 time in trimester I, 1 time in second semester and 2 times in trimester III.

Access and utilization of antenatal care have an impact on pregnancy outcomes, child survival and maternal health. The highest use of antenatal care

during pregnancy is currently in South Africa. The percentage indicates that 97% of pregnant women utilize pregnancy tests during 2005. Adequate care during pregnancy and childbirth is important for both mother and child health. In the 2012 SDKI, mothers who gave birth to children living within five years before the survey were asked several questions about maternal and child health care. The coverage of pregnancy screening was higher in urban than in rural areal (98% and 93%, respectively). According to the Indonesian Center for Health Statistics (2012), the coverage of pregnancy check up improved with higher education level,



64% for mothers without education, to 99% for mothers with secondary education or more. SDKI in 2002-2003 the proportion of pregnant women examined by health personnel increased from 92% to 96 % in the SDKI 2012. Delivery assisted by health personnel increased from 66% in the SDKI 2002-2003 to 83% in the SDKI 2012. The percentage coverage of antenatal care visit of K1 of pregnant women of East Java in 2011 was 29,984 (98,79%) while coverage of antenatal care visit of pregnant women was 27, 348 (90,11%) from all mothers pregnant as many as 30,351 people (Profile of East Java Provincial Health Office 2011). Based on a survey conducted by researchers on May 7, 2013 at Pregnancy Clinic RSUD Sidoarjo, obtained population data in 2012 as many as 3723 pregnant women trimester 3, in February-April 2013 as many as 969 trimester pregnant women 3. The result of interviews on 10 pregnant women trimester 3 were found as many as 3 (30%) of pregnant women had not done Antenatal Care Trimester 3 examination that is 2 pregnant women only do 1 examination, while 1 pregnant women do 2 examination of antenatal care trimester 3.

Antenatal care is very important for pregnant women because it can monitor the progress of pregnancy in an effort to ensure maternal health and normal infant development, recognize deviations from normal circumstances and provide necessary implementation and treatment, and prepare the mother and families physically, emotionally and psychologically to face birth and possible complications (Romauli, 2011). Based on the description above, the researcher is

interested to conduct research “Behaviour of Pregnant Woman in doing *antenatal care* trimester 3 at Pregnancy Clinic RSUD Sidoarjo”.

METHODS

This research uses descriptive research design method using Cross Sectional approach. Where in this research make measurement/observation only one time that is knowing behaviour of pregnant women in doing *antenatal care* trimester 3 visited. In this research using a study approach based on filling questionnaires about knowledge, attitude and observation sheet or using the documentation of pregnant women during pregnancy at Pregnancy Clinic RSUD Sidoarjo. The population in this study were all pregnant women who performed the 3rd trimester pregnancy at Pregnancy Clinic RSUD Sidoarjo.

Sampling technique used in this research is *Probability sampling*. The researcher approach and select respondents in accordance with inclusion criteria to get approval as respondents research. Population of 100 people obtained a sample of 80 people. Researchers conducted observations on the action of pregnant women trimester 3 through the book of pregnancy visits owned by every pregnant women. The independent variable is the behaviour of pregnant women of trimester 3.

The questionnaires consists of general and specific data. General data consists of demographic data while specific data consists of a knowledge questionnaire and attitudes. In addition, there is secondary data obtained through observation the book of pregnancy visits owned by every pregnant women.



RESULTS

General Data of Respondent's Demography

Table 1. General Data of Respondent's Demography In Clinical Care Pregnancy RSUD Sidoarjo

Characteristic	F	%
Age		
a. 20-30years	47	58.8
b. 31-35years	27	33.8
c. 36-40 years	5	6.2
d. >40 years	1	1.2
Mother's visit		
a. 1 time	20	25
b. 2 time	11	13.8
c. 3 time	26	32.5
d. >4 time	23	28.8
Pregnancy Status		
a. first	30	37.5
b. second	31	38.8
c. third	15	18.8
d. fourth	4	5
Family income		
a. 1-1,5 million	50	62.5
b. 1,5-2 million	20	25
c. 2-2,5 million	7	8.8
d. >2,5 million	3	3.8
Distance of house with RSUD		
a. 500m-1km	19	23.8
b. 1km-2km	27	33.8
c. 2km-3km	9	11.2
d. >3km	25	31.2

Based on results of research in the above table it is known that from 80 respondents, the majority of pregnant women aged 20-30 years as many as 47 pregnant women (58.8%), 26 pregnant women (32.5%) with 3 times the visit of pregnancy, which is second pregnancy is 31 pregnant women (38.8%), the majority of income each month have 1-1,5 million as many as 50 respondents (62.5%), and equal to 25 (31.2%) distance of house with RSUD as far as >3km.

Knowledge

Table 2. Knowledge in Pregnant Women Taking Antenatal Care Trimester 3 In Clinical Care Pregnancy RSUD Sidoarjo

Knowledge	F	%
Good	51	63.8
Quite	24	30
Less	5	6.2
Total	80	100

The above table shows the respondents in this study totaling 80 pregnant woman with the details of pregnant women who have good knowledge as many as 51 respondents (63.8%), quite as many as 24 respondents (30%) and pregnant women less than 5 respondents (6.2%).

Attitude

Table 3. Attitude in Pregnant Women Taking Antenatal Care Trimester 3 In Clinical Care Pregnancy RSUD Sidoarjo

Attitude	F	%
Negative	19	23.8
Positive	61	76.2
Total	80	100

The table above shows the respondents in this study amounted of 80 pregnant women with a positive attitude of 61 respondents(76.2%), and negative attitude as much as 19 respondents (23.8%).

Action

Table 4. Action in Pregnant Women Taking Antenatal Care Trimester 3 In Clinical Care Pregnancy RSUD Sidoarjo

Action	F	%
Appropriate	47	58.8
Inappropriate	33	41.2
Total	80	100

The above table shows the respondents in this study amounted of 80



pregnant women who appropriate according to as many as 47 people (58.8%), and inappropriate as many as 33 people (41.2%).

DISCUSSION

Knowledge

The result of this research is 80 respondents with the characteristics of respondents based on the knowledge of the mother in Pregnancy Clinic RSUD Sidoarjo is good as much as 51 respondents (63.8%), enough 24 respondents (30%), and less 5 respondents (6.2%).

Background age 20-30 years old majority have good knowledge as many as 31 respondents (60.8%). According to Notoatmodjo (2010) the level of one's knowledge can be influenced by several factors. One of them is the age factor. Visits 3 times during pregnancy supported by good knowledge in getting data as much as 19 respondents (37.3%). According to Romauli (2011) one of the social factors in pregnancy is the level of education of pregnant women is also very instrumental in the quality of care of the baby. Information relating to pregnancy care is needed, so it will increase knowledge. Mastery of knowledge is closely related to one's education level. Research shows that the higher a person's education, the better his knowledge of something. In pregnant women with low levels of education sometimes when not getting enough information about his health then he does not know how to do good pregnancy care. Looking at the existing theory and reality in the field the researcher can explain that good knowledge as much as 13 respondents (25.5%) with visit > 4 times of pregnancy examination at Pregnancy

Clinic RSUD Sidoarjo. This is because with a good knowledge of the mother can make a visit as directed in order to maintain the health of the mother and know the condition of the fetus. While respondents who have less knowledge with the age of 20-30 years as much as 1 respondent (2.1%), due to the lack of knowledge so that during pregnancy, respondents are less aware of what should and should not be done by pregnant women that impact on maternal welfare and the fetus.

Obtained data of 51 respondents who have good knowledge as much as 20 respondent (39.2%) with first child pregnancy and second child pregnancy counted 19 respondents (37.3%). According to Romauli (2011) external stressors will arise from outside which gives good or bad influence on the psychological pregnant women. Stress triggers that come from outside for example a negative response in pregnancy more than 5 times. Looking at the theory, most mothers with good knowledge with the first child's pregnancy. While the pregnancy of children more than 2 only a small part who have good knowledge. This is because of the experience of mothers who have given birth, so that in pregnancy both pregnant women already understand what is and cannot be done in the next pregnancy.

From the data obtained as many as 34 respondents (66.7%) with family income of about Rp. 1 million - 5 million / month who have good knowledge. According to Romauli (2011) low economic causes low-educated pregnant women do not know about good pregnancy examination. Pregnant women who have access to education need to



know the importance of pregnancy checkups because the economy is inadequate so that pregnant women are unable to utilize theoretically inspection services for them. From the data and theories obtained, the researcher can draw an explanation that there is an incompatibility between the theory and the data obtained because with the above income pregnant women have good knowledge by listening to counseling-extension conducted at Pregnancy Clinic RSUD Sidoarjo every week, so pregnant women who at the time of checking pregnancy are able to listen and understand what has been delivered.

From the research result, only 3 respondents (6.0%) with income Rp. 1 - 1.5 million/month who have less knowledge. This is because the lack of knowledge gained in pregnant women, so that with the pregnancy, the mother cannot use the facilities available to obtain services so that the mother knows the condition of mother and fetus during pregnancy.

Attitude

The result of this research is 80 respondent with respondent characteristic based on mother attitude in Pregnancy Clinic RSUD Sidoarjo is negative as much 19 respondents (23.8%), and positive is 61 respondent (76.3%).

Based on crosstabss table data with demographic characteristics, there were 61 respondents who had positive attitude with 20-30 years old background as many as 37 respondents (60.7%). Another characteristic of respondents who stated positive attitude was mother visit, all respondents who visited 3 times as many as 21 respondents (34.4%) have stated

positive attitude. According to Marbiyati (2016), the results are in accordance with Notoatmojo theory which states that knowledge is a very important domain in the formation of individual behavior. Behavior based on knowledge, awareness and positive attitude, then the behavior will be long lasting.

From the data obtained as many as 19 respondents who stated negative attitude with background age 20-30 years as many as 10 respondents (21.3%). With the characteristics of respondents who visited > 4 times the examination of 3 respondents (13.0%) with a negative attitude. While the fourth child pregnancy characteristic with negative attitude as much as 1 respondent (25.0%), from the data, the researcher assumed that 3 respondents who behave negative but have done > 4 times inspection can be influenced by good social support of family so require respondent Pregnant women who check their pregnancy at Pregnancy Clinic RSUD Sidoarjo conduct examination in accordance with the recommended minimum 4 times during pregnancy.

Action

The result of this research is 80 respondent with respondent characteristic based on action in Pregnancy Clinic RSUD Sidoarjo is 47 respondent (58.8%), and inappropriate is 33 respondent (41.2%).

Based on data of crosstabss table based on demographic data characteristic, it is found that from total of 80 respondents, there are 47 respondents who have appropriate action with age background of 20-30 years as many as 28 respondents (59.6%). Another



characteristic of the respondents who stated the appropriate action was the mother's visit, all respondents who visited > 4 times as many as 17 respondents (73.9%) had stated appropriate action.

Of the 33 respondents who stated that the action is not in accordance with the background age of 20-30 years as many as 19 respondents (57.6%). With the characteristics of respondents who visited >4 times the examination of 6 respondents (18.2%) with inappropriate action.

From the data of respondent observation, the researcher can draw an explanation that most pregnant women do pregnancy examination in midwife where they live, after the last trimester or before birth of the respondent that is pregnant mother doing pregnancy examination at Pregnancy Clinic RSUD Sidoarjo. This is because in the local midwife does not serve the guarantee of delivery in pregnant women, so before the birth of pregnant women come to Pregnancy Clinic RSUD Sidoarjo. In the observation data the researcher get most of pregnant women have done more than 4 times check in Midwife while in Pregnancy Clinic of Sidoarjo Hospital only the first time so there is mismatch between result of observation by researcher with demography data which have been included.

CONCLUSION

Based on the results of research conducted by researchers on June 7, 2013 at Pregnancy Clinic RSUD Sidoarjo can be concluded that the Behavior of Pregnant Women at Pregnancy Clinic RSUD Sidoarjo already stated appropriate behavior is shown with good knowledge

and a positive attitude toward pregnancy examination.

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