

## Women's Health Behaviour in The Perinatal Period

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### Abstract

Background Indonesia failed to achieve the maternal mortality rate target as the MDGs' agreement in 2015. The Ministry of Health has developed health promotion and illness prevention programmes to improve women's health and wealthiness. However, only few studies provide information of women's health behaviour related to a health promotion and an illness prevention in the perinatal period comprehensively. This study aimed to determine women's health behaviour related to the health promotion and the illness prevention in the perinatal period; pre, intra, and postnatal. Method This study applied a descriptive quantitative approach. Samples were chosen using the Convenience sampling method. 51 women from Sukapura, Bandung were involved in this study. Data were collected using a questionnaire and analysed using a frequency distribution. Result This study found that the majority of respondents (96%) visited health services for prenatal visit. Women also concerned with other health activities including having tetanus vaccination (49%), consuming Iron tablets and nutritious food (65% and 61% respectively), and having give birth at health facilities (100%). In contrast, this study also found that women's participation in prenatal classes was limited (25%). In addition, to prevent prenatal and postnatal complications, women need to have a good understanding of dangerous signs in pregnancy and postpartum. However, the majority of them had limited health literacy about it. Conclusion Women's health behaviour in the perinatal period is varied. Health education programmes are required for increasing women's health literacy and awareness of health promotion and illness prevention in this period.

**Keywords:** Health promotion, illness prevention, perinatal period.

## "Health Behaviour" Perempuan Usia Produktif saat Periode Perinatal

### Abstrak

Latarbelakang, Target *Millennium Development Goals* tahun 2015 berkaitan dengan Angka Kematian Ibu tidak dapat dicapai oleh Indonesia. Kementerian kesehatan Republik Indonesia mengembangkan berbagai program promosi kesehatan dan pencegahan penyakit untuk meningkatkan kesehatan dan kesejahteraan perempuan. Namun, riset yang menginformasikan tentang perilaku kesehatan pada perempuan yang komprehensif berkaitan dengan promosi kesehatan dan prevensi pada periode perinatal masih terbatas. Penelitian ini bertujuan untuk mengidentifikasi perilaku perempuan berkaitan dengan promosi dan prevensi kesehatan pada periode perinatal yang meliputi: hamil, melahirkan, postpartum. Metode, Penelitian ini merupakan penelitian deskriptif kuantitatif. Sampel dipilih dengan menggunakan metode *Convenience sampling*. Sebanyak 51 perempuan dari Sukapura, Bandung berpartisipasi dalam penelitian ini. Data dikumpulkan menggunakan kuesioner dan kemudian dianalisa dalam bentuk distribusi frekwensi. Hasil menunjukan sebagian besar perempuan (96%) melakukan kontrol kehamilan, 49% mendapatkan imunisasi TT, 65% mengkonsumsi tablet Fe, 61% mengkonsumsi makanan bergizi, dan seluruh perempuan (100%) melahirkan dengan ditolong oleh petugas kesehatan. Namun sebaliknya, sebagian kecil perempuan (25%) berpartisipasi dalam kelas prenatal. Selain itu, dalam upaya pencegahan komplikasi kehamilan dan postpartum, perempuan diharapkan memiliki pengetahuan tentang tanda bahaya kehamilan dan postpartum. Pada kenyataan nya hasil penelitian ini menunjukkan sebagian besar responden tidak mengetahui tanda bahaya pada kehamilan dan postpartum. Kesimpulan, perilaku perempuan dalam promosi dan prevensi kesehatan di masa perinatal berbeda-beda hal tersebut mungkin disebabkan oleh factor seperti pengetahuan kesehatan. Program pendidikan kesehatan berkaitan dengan periode perinatal dibutuhkan untuk meningkatkan pengetahuan dan kesadaran perempuan berkaitan dengan upaya promosi kesehatan dan pencegahan penyakit pada periode tersebut.

**Kata kunci:** Promosi kesehatan, pencegahan penyakit, periode perinatal.

## **Introduction**

Maternal mortality is widely acknowledged as an indicator of a country's overall health (Pusat Data dan Informasi, 2014). Indonesia is a developing country with the highest maternal mortality rate in the ASEAN region (World Health Organization, 2016). The rates were 126 per 100.000 live births. It means Indonesia has failed to achieve Millennium Development Goals' (MDGs) targets: 102 per 100.000 live births (World Health Organization, 2016). The Indonesia government has developed various programmes to achieve MDGs' targets including "Desa Siaga" programme, "Making Pregnancy Saver", midwives and "Dukun Bayi" partnership programmes, family planning programmes, and a good management of information system to record maternal mortality data (Kanal Pengetahuan FKUGM, 2015; Laksmiarti & Roosihermatie, 2007). Women face significant heightened risks of pregnancy-related death when they are "too young, too old, too frequent, or too many" (Strigelli, 2011). Other factors which can increase women's pregnancy-related death are socioeconomics, education, culture, and transportations. In addition, three delays models, these are delay in deciding to seek care, delay in reaching a healthcare facility, and delay in receiving care at the healthcare facility are used to evaluate the circumstances surrounding a maternal death (Badan Koordinasi Keluarga Berencana Nasional, 2007). Haemorrhage, preeclampsia and infection are the main causes of maternal mortality in Indonesia (Webster, 2013).

Maternal deaths are defined as those related to obstetric complications during pregnancy, labour or postpartum (Pasha et al., 2017). The perinatal period is a normal period for a woman, however it is a time of adaptation and change physically and psychologically for the woman and her husband who prepare for parenthood. This period also a critical time that health problems may arise during pregnancy. It can involve the mother's and the infant's health. Health professionals, and health service facilities are the main sources for improving women's health in the perinatal period by developing health promotion and illness prevention services.

The Indonesian Ministry of Health (MoH) has policy that all hospital in Indonesia should have a regulation related to health promotion and illness prevention programmes (Purba, Syamsulhuda, & Shaluhiya, 2016).

Women's health promotion during pregnancy includes ante natal visits, the growth of infant growth observation, a prenatal class attendance, Iron tables regularly consumption, tetanus toxoid vaccination, nutritious food consumption, and awareness of danger signs in pregnancy. When giving birth, it is mandatory for women to give birth at health facilities to reduce any high risks of a mother and a baby being ill or dead. Whereas, a health promotion and an illness prevention in the postnatal period include early ambulatory, after pain, bonding attachment, vulva hygiene, breast care, baby care (feeding, bathe, umbilical cord care, changing diapers, recognize the signs of danger, baby behaviour, baby safety, and immunization), aware of danger signs in the postnatal period, siblings adaptation, post partum exercise, family planning, and sexual intercourse. The fact is that not all of those services are available on the health facilities.

Various studies have been done in Indonesia to acknowledge the health behaviour of women during pregnancy and childbirth (Aryastami & Tariqan, 2012). A qualitative research to 100 pregnant women that aimed to assess women's knowledge and attitude of dental care during pregnancy (Diana & Hasibuan, 2010). The result showed that only 4% of the respondents were aware of dental care during pregnancy, and only 8% of them visited a dentist to check their dental condition. Data from Central data and health information (2013) shows that 86.6% women had done post-partum visits. However few studies provide information of women's health behaviour related to health promotion and illness prevention in the perinatal period comprehensively. Research projects and data that are available have not present a comprehensive women's health which include women's health behaviour in the perinatal period including pregnancy, give birth and post-partum.

Considering the importance of reducing the number of maternal mortality rate in Indonesia, and improving women's health

during the perinatal period, a study that provides a comprehensive information about women's health behaviour related to health health promotion and illness prevention women during perinatal period; pregnancy, give birth and post-partum is needed. The aim of this study was to determine women's health behaviour related to health promotion and illness prevention in the perinatal period; pre, intra, and postnatal. The study findings would be a useful information for health services in developing women's health services strategies to enhance women's health and wealthiness in Indonesia.

### Research Methods

This is a descriptive quantitative study, which aims to describe, explain, a circumstance or phenomenon that is happening (Arikunto, 2004:29). The population in this study was women from the area of Sukapada, Cibeunying Kidul, Bandung. This area is selected because it is one of eight districts in Bandung that had an incidence of maternal mortality (PPID Kota Bandung, 2014). The number of samples were 51 women in reproductive ages. The samples were selected using Convenience sampling method. The respondent filled out a questionnaire. The

questions were about women's health behaviour such as numbers of pregnancy visits, and place when giving birth. The questionnaire also asked about the knowledge of danger signs during pregnancy or post-partum, this knowledge describe women's awareness of pregnancy and post-partum emergency conditions. Univariate analysis was done to get a picture of distribution and frequency from dependent and independent variable. Data is presented in the form of table and interpreted.

### Research Ethic

Resercher provided an information sheet and an informed consent form. Then the respondents were explained verbally so that they understand the meaning and aim of this study (Informed Consent). This research was not harm to the respondent physically or mentally (Beneficence). If subject did not agree to be investigated, researchers would not force them to participate and respect their rights (Autonomy). To keep the respondent anonymous, researchers would not list names of the respondent on the questionnaire but instead using respondent number (Confidentially).

**Tabel 1 Characteristic of Respondents**

Criteria	F	Percentage
Age		
<20	0	0
20–45	39	77
>45	12	23
Year Married		
< 20	16	31
20 – 35	35	69
>35	0	0
Number of marriage		
1 time	44	86
2 times	5	10
> 2 times	2	4
Education		
Elementary School	1	2

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Junior High School	15	29
Senior High School	18	35
University	16	34
Occupation		
Housewife	35	70
Government Officer	8	16
Employee	7	14

F= frequency

**Table 2 Women's health promotion and illness prevention behaviour during pregnancy**

Category	F	Percentage
Prenatal visit		
< 4	3	6
4-8	12	24
>8	36	70
TT vaccine		
0	6	12
1	20	39
2	35	49
Iron tablets consumption		
No	1	2
Sometimes	17	33
Regularly	33	65
Nutrisious food		
Eating the same food	2	4
Various food	18	35
Various and nutritious food	31	61
Danger signs in the antenatal period		
Do not know	6	12
A few	41	80
Fully understand	4	8
Antenatal class		
Do not participate	13	25
Rarely attended	30	59
Regularly attended	8	16
Pregnancy Exercise class		
Do not participate	10	20
Rarely attended	28	55
Regularly attended	13	25
Pregnancy information sources		
Health professionals	12	24
Media:websites, books, magazines	21	41
Parent: mother	8	16

**Table 3 Women's Health Promotion and Illness Preventiaon Behaviour During Labour and Post Partum Periods**

Category	F	Percentage
Delivered baby		
Paraji(Traditional services)	0	0
Health services	51	100
Breastfeeding		
Exclusive breastfeeding	30	59
Non-Exclusive	21	41
Breastcare		
Never	27	53
Sometimes	19	37
Regularly	5	10
Postnatal check up		
Never	25	49
Sometimes	18	35
Regularly	8	16
Danger signs in the postnatal period		
Do not know	20	39
A few	27	53
Fully understand	4	8
Sexual activities		
Before 40 days	3	6
After 40 days	48	94
Postnatal exercise		
Never	32	63
Sometimes	17	33
Regularly	2	4

## Research Result

This section provides the findings of this study. These include characteristic of respondents, women's health promotion and illness prevention behaviour during pregnancy, and women's health promotion and illness prevention behaviour during labour and post partum periods.

### Characteristic of respondents

Table 1 presents the characteristic of respondents. The majority of respondents (77%) were women in reproductive ages. About 50% respondents got married when

they were 20-35 years old. The level of formal education ranged from elementary school (n=2) to university. They mostly attended nine years of compulsory education (n=49). The majority of women were housewives (70%).

### Women's health promotion and illness prevention behaviour during pregnancy

Table 2 shows that various health promotion activities have been done by women during pregnancy. The activities include visiting health services for prenatal check up (96%), having tetanus toxoid vaccine (49%), consuming Iron tables regularly (65%), and consuming nutritious food (61%). However, the number of women

who attended ante-natal class and pregnancy exercise were limited (8%). In addition, women had lack knowledge of danger signs in pregnancy. The knowledge is important for women to anticipate emergency situations in pregnancy. Women obtained information related to their pregnancy from several media including websites, books, and magazines.

**Women's health promotion and illness prevention behaviour during labour and post partum periods**

Table 3 presents that all women (n=51) delivered their baby in the health services. 59 % of them breastfeed their babies exclusively for 6 months. They were concerned about the baby's healthiness including their intake. In contrast, in term of mother's health, more than 50% of respondents did not do any breastcare in the post partum period. They did not visit health services regularly for post-partum check up (84%). In addition, women who understand the dangerous signs in the post-partum period are limited, and only a few of them participated in the post-partum exercise (37%). In regard to sexual activities, the majority of women became sexually active with their husbands after 40 days.

**Discussion**

The findings revealed that the majority of pregnant women (94%) visited health services more than four visits as the government's advices. However, there were pregnant women (6%) who attended prenatal visit less than 4 visits during pregnancy. Many factors influence pregnant women's motivation related to the antenatal care. A study of 60 pregnant women from Minahasa identified that there were correlations between characteristic of respondents and motivation to attend antenatal care programmes. The characteristics include age, number of pregnancy, education, occupation, family support, and health facilities (Dinarohmayanti, Keintjen, & Losu, 2016). The finding of this study is in line with Wulandari's (2009) study which found that the majority of pregnant women had a positive attitude of their pregnancy including attending prenatal visits regularly. This study found that only 16% of respondents

did exercises during pregnancy. It means that only a few of them understand the advantages of pregnancy exercises for mother and infant. Actually, a literature review identified many advantages of pregnancy exercise for mother and also infant (Barakat, Perales, Garatachea, Ruiz, & Lucia, 2015).

Only a few respondents (n=4) in this study understand the dangerous signs in the prenatal period. A lack of knowledge related to dangerous signs describe that women had limited information about the signs and may impact to their awareness of emergency of pregnancy. Understanding the danger signs are significant for pregnant women as part of their prevention actions to anticipate an emergency situations. Assessing the roles of health professional in improving pregnant women's knowledge is required alongside improvements in health services.

The study found that all respondents gave birth to their baby at health facilities. This finding is in line with the health programmes of the Indonesian government (Profil Kesehatan Indonesia, 2016). In addition, to improve the number of women who give birth at health facilities, the local government of West Java province encouraged the Primary Health Centre in this province to introduce the importance to give birth at health facilities (PPID Kota Bandung, 2014). Although access to health care and coverage has improved in West Java and Indonesia, a quasy experimental study that involved 30 pregnancies from Kebumen, Central Jawa province found that many respondents preferred to give birth at traditional services (Paraji) than health facilities (Ratnasari, 2009). It look likes that women's health promotion and prevention programmes have not been fully spread through out the whole areas of Indonesia yet. The health professionals should be more active in introducing health promotion and prevention programmes especially related to women's health.

These findings described that women had limited knowledge of danger signs in the post-partum period and 84% did not attend post partum check up. Those findings may related to maternal mortality causes in West Java that 25% maternal deaths were caused by haemorrhage and infection during post



partum period (Dinas Kesehatan Provinsi Jawa Barat, 2011). The high number of postpartum haemorrhage and infection maybe influenced by women's limited health literacy that also impacts to their awareness of danger signs. Previous studies found a significant influence of health literacy to health behaviour including women's behaviour in pregnancy and postpartum periods (Beel, Rench, Montesinos, Mayes, & Healy, 2013; Mbada et al., 2014; Sufiyan et al., 2016). Providing a variety of health education programmes for women is very important given various media used by women as information sources in this study.

## Conclusion

Women's health behaviour related to health promotion and prevention during perinatal period is varied. Different behaviours of women were identified in this study. These differences may be influenced by many factors including knowledge, health professionals' roles and information sources. There is a need of a more specific study that explores health professionals' roles in providing information to improve women's health promotion and illness prevention behaviour including in the perinatal period.

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