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THE INFLUENCE OF PRENATAL CLASS PARTICIPATION TOWARDS MATERNAL BEHAVIOR DURING POSTNATAL IN KEDIRI DISTRICT

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Abstract

Optimal puerperal care can reduce complications that occur during the puerperium. Information about childbirth care can be obtained through participation in prenatal classes. Through the prenatal class, mothers expected to gain knowledge to change the behavior of mothers regarding postnatal care. The purpose of this study was to determine the influence of participation in prenatal class on postpartum behavior. This study was a quantitative study with a descriptive-analytic study through the cross-sectional approach. The sampling technique used purposive sampling. The sample used was 80 postpartum mothers. The data analysis technique used a statistical test using Chi-square tests. The results of the study showed that mothers who attended a prenatal class by 59 (73.8%) and postpartum behavior showed an excellent category of 71 (88.8%). There were significant relationships between class participation in a prenatal class and maternal behavior during postnatal, as indicated by the value of p-value = 0.001. The activeness of mothers participating in a prenatal class can improve maternal behavior in postpartum care to be better and optimal.

Keywords: *prenatal classes, maternal behavior, postnatal care*

1. Introduction

Health problems that occur in the current era of globalization were the low health status of mothers and children who were still lacking — this figure marked by the high maternal mortality rate and infant mortality rate. Based on WHO (2015), maternal rate around the world estimated 216 / 100,000 live births; this condition was very far from the SDG target, which agreed on maternal mortality rates of 70/100,000 live births in 2030. Maternal mortality rates survey results in Indonesia showed a change to 305 / 100,000 live births^[1]. In 2016, maternal mortality rates of East Java Province reached 91.00 / 100,000 live births (East Java Provincial Health Profile, 2016), while in Kediri district reached 17 / 100,000 live births.^[2]

Based on the data above, the causes of maternal death due to heart attack (35.3%), other causes (29.4%), preeclampsia (17.6%), and hemorrhage (17.6%). The fatal period is in the puerperium, which was 44%, especially on days 8-14^[2]. Maternal mortality that occurs during the puerperium can be caused by suboptimal puerperal care.

The government continues to strive to overcome these problems, one of which was by increasing the knowledge and active role of mothers, families, and communities through the prenatal class program. Prenatal class is an activity of discussing maternal and child health or known as KLI handbook material in the form of face-to-face groups followed by discussion and exchange of experiences between

pregnant women and health workers.^[3] Prenatal classes aim to improve the attitudes, knowledge, and skills of mothers in postnatal care.

Increased knowledge and skills of mothers seen from behavior in their daily lives. Changes in postnatal mothers' behavior are influenced by knowledge and attitudes. A fully realized attitude will lead to a response in the form of actions or behavior to carry out postpartum care.^[4]

Widyaningrum (2014) stated that the prenatal class influenced postnatal maternal satisfaction in conducting postnatal care.^[5] Joharmi and Brahmana (2017) also stated that one of the factors affecting postnatal care was knowledge about the puerperium. It was due to the lack of counseling about postnatal care.^[6]

The authors consider it necessary to conduct this study to analyze postnatal maternal behavior in daily care. In general, this study aims to analyze the effect of prenatal class participation on maternal behavior in the puerperium. The specific objectives of this research include analyzing the effect of prenatal class participation on maternal behavior during postnatal.

2. Method

This study was a quantitative study with a cross-sectional design. The sample used purposive sampling of about 80 postnatal mothers — this study conducted in three Community Health Center, namely Blabak, Gurah, and Wonorejo. Data collected from May-July 2019. The independent variable was the prenatal class participation, while the dependent variable was maternal behavior during postnatal.

The instrument used a questionnaire. After the data was collected, the data processing was done by editing, coding, scoring, data entry, and tabulating data. Data analysis was performed with univariate analysis to get a picture of the frequency distribution of respondents, and bivariate analysis was carried out to see the relationship

between independent and dependent factors using the Chi-Square test.

3. Results and discussion

a. Univariate Analysis

From the results of the study obtained the characteristics of respondents by age are presented in table 1 below.

Table 1 Frequency Distribution of Age

Age (years old)	F	%
≥ 20	3	3.75
21-35	65	81.25
< 35	12	15
Total	80	100

Based on the information in Table 1 above, it shows that the youngest respondent was 18 years old, and the oldest respondent was 42 years old. The average age of respondents in this study was 29 years.

From the results of the study, it was found that the age range of most respondents was 20-35 years, in this age supports one's ability to receive information. The more mature the respondent's age, it is expected that the respondent's ability to receive information when attending a prenatal class is better. This explanation is in line with Pertiwi's research (2017), which stated that a mature age would experience proper mental development so that the knowledge obtained from information will also be better.^[7] Rahayuningsih (2015) explains that maternal age was significantly related to the mother's knowledge about care puerperal. The more mature a person was, the easier it was to receive information, to gain knowledge about good postnatal care.

Characteristics of respondents based on the level of education are presented in Table 2 below.

Table 2 Frequency Distribution of Education Level

Education Level	f	%
Junior High School	19	23.8
High School/ Vocational	44	55
Diploma	3	3.8
Bachelor	14	17.5
Total	80	100

Based on the information in Table 2 above, it showed that 44 respondents in this study had a high school / vocational education level, while respondents who had a junior high school were 19 respondents. Respondents with Diploma were three respondents, and those with bachelor were 14 respondents.

The education level of the respondents is mostly high school graduates. The higher the education of mothers expected to have the ability to receive information would be higher.

Ali (2009) stated that education must be accompanied by knowledge, attitudes, and skills so that it can shape the expected behavior. Knowledge can be obtained when attending prenatal classes. Education is one of the factors expected to improve maternal behavior in postnatal care.

According to Hardjito et al. (2018) education influence the learning process, the higher a person's education was, the easier he will receive information, with higher education, a person will tend to get information, both from other people and the mass media.^[8]

Table 3 Frequency Distribution of Occupation

Occupation	f	%
Midwives	1	1.3
Teachers	6	7.5
Housewife	44	55
Private employment	7	8.8
Merchant	4	5

Nurse	1	1.3
Farmer	3	3.8
Civil Employment	1	1.3
Private	9	11.3
Vegetable vendors	1	1.3
Entrepreneur	3	3.8
Total	80	100

Table 3 provides information about the respondent's work status in this study. Forty-four respondents were housewives, while respondents who work as health workers like midwives or nurses were two respondent.

Most respondents are housewives (55%), so they had time to attend prenatal classes. It indicated by the activeness of mothers attending prenatal classes by 78%. Widianingrum (2014) stated that mothers who did not work or become housewives would be more focused on caring for their baby every day. According to Masini (2015), many people think that the husband was the one who has to work, and the wife should be at home taking care of their children. (9) Also, according to Anasari (2013) stated that working mothers have little time to attend prenatal classes.^[10]

Table 4 Frequency Distribution of The Participation of Pregnant Women

Participation	f	%
1-2 times	21	26.3
3-4 times	59	73.7
Total	80	100

The participation of pregnant women in table 4 classified into 1-2 times group and 3-4 times group. Respondents who attended prenatal classes 3-4 times were 59 respondents. While respondents who attended prenatal classes about 1-2 times were 21 respondents, participants are said actively participate if the frequency of participating in the prenatal class

were three times during their pregnancy. From the results of this study, most respondents actively participated in the prenatal class.

Provision of information about postnatal care through prenatal classes is needed, this was also stated by Yustiawan and Nandini (2018) precise information about the needs of postnatal mothers must be provided by competent sources such as health workers because besides getting information, health consultations can also be done.^[11]

Table 5 Frequency distribution of maternal behavior during postnatal

Behavior	f	%
Poor	9	11.3
Excellent	71	88.8
Total	80	100

The behavior of postnatal mothers in the excellent category was 71 respondents, while respondents with poor behavior were nine respondents.

The results obtained from respondents who had poor behavior in postnatal care was the existence of culture in a society that was still accustomed to any restrictions in food. Postnatal mothers need adequate protein intake to accelerate the healing of perineal wounds, but due to differences in perception/culture that considers consuming fish, meat, and eggs could cause itching and prolong the healing process.

Also, some respondents limited the intake of fluids in the form of drinking water because they think that drinking water can slow down the wound to become dry. Rahayu et al. (2017) explained that culture is very influential in postnatal care^[12].

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 b. **Bivariate Analysis**
 Bivariate analysis performed to analyze the relationship between two

variables. This study used cross-tabulation and chi-square analysis. Cross tabulations between participation and behavior are presented in Table 6 below.

Table 6 Cross Tabulation Between Prenatal Class Participation And Behavior

	Prenatal Class Participation		Total	P-value
	1-2 times	3-4 times		
	Poor	7		
Excellent	14	57	71	

Based on the cross-tabulation table above, it shows that 57 respondents who have good behaviors fall into the category of participated about 3-4 times. While of the nine respondents who have poor behavior, 7 of them attend the prenatal class about 1-2 times.

Based on the results of the analysis above, it shows that there were 25% of cells that have a value of less than five so that the relationship analysis was conducted using the Fisher Analysis approach. Fisher analysis results have a significance value of 0.001. This value is smaller than 0.05 (5%), so it can be concluded that there is a significant relationship between prenatal class participation and maternal behavior during postnatal.

The results show that there is a significant relationship between prenatal class participation with maternal behavior during postnatal. As explained in the Ministry of Health of the Republic of Indonesia (2011), a prenatal class held in order to increase maternal knowledge about one of them being postnatal care. Most respondents in this study had taken the class of pregnant women during their pregnancy. It shows that mothers who actively attend prenatal classes were attending 3-4x. When attending prenatal classes, they get

information about procedures for postnatal care, which includes the understanding of the puerperium, type of postnatal care, benefits, and procedures for postnatal care.

Howell (2010), in his study, stated that the lack of preparation for the postnatal experience, including failure to discuss common physical and emotional symptoms, was associated with reduced patient satisfaction. Lack of maternal experience in the puerperium, one of which was influenced by knowledge about puerperium^[13]. As stated by Joharmi and Netti (2017) that knowledge was one of the supporting factors in the success of behavior in postnatal care.

A person's behavior formed from the experiences and external factors^[14]. Postnatal behavior includes nutrition care, personal hygiene, activity or exercise, rest, breast care, family planning, health examination, and complications detection^[15]. According to interviews, postnatal care was supported by health workers and cadres. Postnatal visits were always done routinely to monitor the success of postnatal care. Postnatal visits were not only routinely carried out at home but also to Community Health Center or Midwife Private Practices. Besides going through prenatal classes, the socialization carried out by health workers was usually done at the posyandu.

4. Conclusion

Prenatal classes have a significant relationship in improving maternal behavior regarding postnatal care. Therefore, it is necessary to increase the participation of pregnant women in the prenatal class, as providing information earlier and used appropriate methods will form good attitudes and knowledge, where the result would be a positive maternal behavior during postnatal.

5. Acknowledgment

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