

Nutritional Status and Health Behavior of Pregnant Women in Phc of Bululoe, Jeneponto District

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Abstract

The maternal mortality rate (MMR) in Indonesia was still relatively high and was one of the major health problems. Mortality as a component in the demographics were important to be researched because it plays an important role in the survival of a community. Welfare mothers who were affected by the components of mortality was closely related to the nutritional status and health behaviors during pregnancy, birth, and postnatal. The study aimed to determine of nutritional status and health behavior of pregnant women at Public Health Center (PHC) of Bululoe, Jeneponto District. This study used survey analytic design with descriptive approach. The population were all pregnant women (101 people) in PHC of Bululoe. All the population taken by census. Data obtained through direct interviews and observations by using a questionnaire. The nutritional status of pregnant women were normal (85.1%) and chronic energy deficiency/CED (14.9%). Knowledge about the risk factors of maternal death, danger signs of pregnancy, the importance of antenatal care (ANC), planning a pregnancy and a safe delivery and postnatal care (PNC) were less (90.1%) and enough (9.9%). Distribution of attitude of pregnant women were positive (71.3%) and negative (28.7%). The actions of pregnant women were poor (34.7%) and good (65.3%). Nutritional status and health behavior of pregnant women can still provide an opportunity for maternal deaths.

Key words: Nutritional Status, Health Behavior, Pregnancy

I. INTRODUCTION

Mortality as a component in the demographics are important components to be researched because it plays an important role in the survival of a community, whether it will evolve, static or even fail to survive. Welfare mothers who are affected by the components of mortality is closely related to the process of pregnancy, birth, postnatal. The third period will determine the quality of human resources that will come. Data of Indonesian Demographic and Health Survey (IDHS) in 2012 showed a very alarming MMR increased from 228 / 100,000 live births (LB) in 2007 was 359 / 100,000 LB. It means that in one hour, three to four mothers in Indonesia died in childbirth. WHO report on the causes of maternal death obtained information that the main causes of maternal mortality still include bleeding, eclampsia and infections (Say L et al 2014).

The three main causes that contribute approximately 60% of total maternal deaths. The same pattern also occurred in Indonesia. Although it has been known major cause of maternal mortality, but it is still rarely performed an analysis of the causes of death for a certain period of time. This information is important because if there is a significant change should be a change in the intervention MMR decline. Based on the results of the evaluation (Thaddeus S 1994, A.M. Okour 2012, Vivi Yulaswati 2013) obtained information that generally causes of high maternal mortality is handling three late are: 1) late to bring to the health facilities, 2) late diagnosis, and 3) delayed treatment or refer in health facilities. There are clinical problem such as bleeding (20.4%), eclampsia (16.2%), hypertension (9.2%) and abortion (4.1%). Other causes are the lack of adequate for home delivery (63.2%) and the lack of medical personnel and home health care facilities. In addition, the difficulty of access to location, so that pregnancy and postpartum visits are not running, especially in isolated areas. There are also the problems of administration and human resources such as low capacity of health workers, lack of training, lack of supporting facilities, salaries are not smooth, inadequate incentives, security issues, and so forth. In addition, non-medical causes, such as cultural, education levels, costs, knowledge, and so forth.

Maternal mortality is also influenced by the nutritional status and health behaviors. Maternal nutritional status can be measured by body height, body mass index (BMI) prepregnancy, weight gain during pregnancy, and hemoglobin (Hb) level of mother. According to Notoatmodjo (2007), health behavioral ie matters relating to actions or activities of a person in maintaining and improving health. Including measures to prevent diseases, personal hygiene, choosing food, sanitation and so forth.

Upper Arm Circumference (UAC) is one measure to determine the incidence of CED in pregnant women. CED is a problem that often occurs in pregnant women. UAC <23.5 cm should get treatment to avoid complications in the fetus. Malnutrition in pregnant women can cause a maternal complications, such as anemia, bleeding, maternal weight does not grow normally and infectious diseases. Mothers who experience UAC will be more at risk of having low birth weight (Rukmana, 2013: 5)

Based on the results of Basic Health Research (Riskesdas 2013) in Jeneponto, percentage of low birth weight = 16 percent, short children = 40.9 percent, children with malnutrition = 25.6 percent, and children with over nutrition = 1.7 percent. The maternal conditions are CED = 32.4%, 90 tablet Fe intake = 24,3%.

Based on data at the PHC of Bululoe, the number of mothers were 214, 71.50% of them had the Maternal and Child Health (MCH) Book, 91.12% were covered in K1 program, 87.85% were covered in K4 program, 91.12% got Fe1 tablets, 87.85% got Fe3 tablets, 32,56% were detected as high risk pregnant woman by health professionals. Integrated ANC data at PHC of Bululoe indicated that the incidence CED were 22 people (Riskesdas, 2013, Health Department os Jeneponto, 2014).

II. RESEARCH METHOD

Location of Research

Research carried out in the work area of PHC of Bululoe, Turatea Sub-District, Jeneponto District, and South Sulawesi Province, Indonesia in 2015.

Design, population, and sample

This survey research used a descriptive approach. In this study conducted assessment of nutritional status, knowledge, attitude and actions of pregnant women includes a risk factor for maternal death, danger signs of pregnancy, and the importance of the ANC, planning a pregnancy and a safe delivery, and PNC. The population was all pregnant women (101 people) in PHC of Bululoe, Turatea Sub-District, Jeneponto District, and South Sulawesi Province, Indonesia. No samples were taken in this study, because all of the population is taken as respondents.

Data Collection and Analysis

The primary data obtained from interviews with respondents by using questionnaire. They obtained from the Health Department of Jeneponto District in 2015. Then, the data were analyzed descriptively and presented in the form of a frequency distribution.

III. RESULTS

This research was conducted in the working area of PHC of Bululoe, Jeneponto. Based on the results of the data analysis, presented the following information:

Table 1: Characteristic of Subjects

Characteristics	(n=101)	(%)
Employment of Pregnant Women		
Entrepreneur	1	1.0
Farm workers	1	1.0
Teacher Honor	1	1.0
Taking care of household	98	97.0
Education Level of Pregnant Women		
Never Schooled	3	3.0
Elementary School	74	73.3
Secondary School	16	15.8
High School	7	6.9
College	1	1.0
Education Level of Pregnant Women Husbands		
Never Schooled	2	2.0
Elementary School	74	73.2
Secondary School	11	10.9
High School	12	11.9
College	2	2.0
Level of Family Income		
<2.000.000	92	91.1
≥2.000.000	9	8.9
Age Group		
<20	9	8.9
20-35	84	83.2
>35	8	7.9
Age Mothers At First Married		
<20	40	39.6
20-35	60	59.4
>35	1	1.0
Gravida		
Primigravida	25	24.8
2-3	64	63.4
>3	12	11.9
Parity		
Nullipara	28	27.7
Primipara	48	47.5
2-3	21	20.8
>3	4	4.0
Ever Abortion		
Yes	8	7.9
No	93	92.1
Distance of Pregnancy		
<2 yar	6	5.9
≥2 year	70	69.3
The first pregnancy	25	24.8

Tabel 3: Distribution of variables

Variable	(n=101)	(%)
Nutritional Status		
CED	15	14.9
Normal	86	85.1
Knowledge		
Less	91	90.1
Enough	10	9.9
Attitude		
Negative	29	28.7
Positive	72	71.3
Practice		
Not Good	35	34.7
Good	66	65.3

Table 4: Analysis of Relationship between Variables

Variabele	Practice				Total		P value
	Not Good		Good		N	%	
	N	%	n	%			
Knowledge							0.000*
Less	26	28.6	65	71.4	91	100	
Enough	9	90.0	1	10.0	10	100	
Attitude							0,835**
Negative	11	39.7	18	62.1	29	100	
Positive	24	33.3	48	66.7	72	100	

*Fisher Exact Test

**Yate's Correction

The first Fisher Exact Test results showed that p-value = 0.000 (<0:05), so it could be conclude that action of pregnant women related to knowledge. The second test results showed that p-value = 0.835 (>0:05), so it could be conclude that action of pregnant women not related to attitude.

IV. DISCUSSION

Nutritional Status

The UAC measurements in pregnant women associated with CED. CED is a problem that often occurs in pregnant women. UAC <23.5 cm should get treatment to avoid complications in the fetus. Malnutrition in pregnant women can cause maternal complications, such as anemia, bleeding, maternal weight does not grow normally and infectious diseases. Mothers who experience CED will be more at risk of having low birth weight (Rukmana, 2013).

The results showed that the nutritional status of pregnant women of normal category = 86 people (85.1%) and CED = 15 people (14.9%). The period of pregnant women is a period where a women need different nutrients that much more than necessary in the non-pregnant state. It is known that a fetus requires nutrients and only a mother can give. Thus foods for pregnant women should be rich in nutrients so that the fetus acquire enough nutritious food. The mother's diet during pregnancy and the nutritional state of the mother during pregnancy is closely linked to low birth

weight (LBW). If the food consumed by the mother less and maternal nutritional status ugly it is likely that babies are born with LBW. Pregnancy is a physiological process that can happen to any woman. Expected outcomes of pregnancy is the birth of a healthy baby then grow flowers optimally and healthy mother anyway (Rukmana, 2013)

An adult woman who is not pregnant, nutritional purposes is used for routine activities in the metabolism of the body, physical activity, and maintaining a balance of all processes in the body. Whereas in adult women who are pregnant, in addition to the routine processes that are also needed extra energy and nutrients for the formation of new tissue, is the fetus, placenta, uterus and mammary gland.

Pregnant women are encouraged to eat enough, is varied so that the need for a variety of nutrients can be met. An increasing need to support the preparation of the future baby is born. How overeating should be avoided, as it may harm himself. However the addition of nutrients to be tailored to the needs.

Knowledge

The results showed that the knowledge of pregnant women about the risk factors of maternal death, danger signs of pregnancy, the importance ANC, planning a pregnancy and a safe delivery and PNC relatively less. Knowledge is very important to the formation of a behavior. Knowledge of the danger signs in pregnancy greatly helps reduce MMR, because by knowing the danger signs in pregnancy an expectant mother will be faster seek health services so that the risk of pregnancy will be detected and handled early. From experience and research behavior based knowledge turned out to be more lasting than the behavior that is not based on knowledge (Notoatmodjo, 2007).

Knowledge is something that is needed in order to change the mindset and behavior of groups and communities. According Notoatmodjo (2007), knowledge is the result of out and this happens after a person perform sensing on a specific object.

The results also showed that the majority of pregnant women do not know the terms of the ANC (84.2%) and did not know the frequency of ANC visits (79.2%). Mothers who know that pregnant women should stay at home if he suffers from severe headaches = 13.9%, mothers who know about the ANC goal = 8.9%. Mothers who know about the ANC standard = 5.9%. Mothers who know how to maintain and care for the pregnancy = 73.3%. Mothers who know how to plan delivery amounting = 11.9%. Mothers who know the signs of labor = 12.9%. Mothers who know about the meaning and purpose of inspection, maintenance and post-natal services = 39.6%. Mothers who know about the stages of postnatal care = 5.9%.

The results are consistent with the L. Green theory (1991) cit. Notoatmodjo (2007), that the knowledge of a person is one of the factors (predisposing) to facilitate special act and behave, in line with Notoatmodjo (2007), which states that when the acceptance of new behavior or adoption behavior based on knowledge will be more sustainable (long lasting), and if the behavior is not based on knowledge not will take place lasting.

Attitude

Attitude clearly shows their suitability connotation reaction to certain stimuli in every day life is an emotional reaction to the social stimulus. Attitude is not an action or activity, but predisposes the action of a behavior (Notoatmodjo, 2007).

The results showed that maternal attitudes are positive categories = 72 people (71.3%), while the negative attitude = 29 people (28.7%). Factors that influence the formation of attitudes among other personal experiences, culture, others that are considered important and the mass media. Referring to the statement of Notoatmodjo (2007) attitude is inseparable from the family

socialization, education, school or outside the school as well as knowledge in the community. The role of education can not be ignored, because education is done almost for life, either through formal or informal education. A positive attitude towards health values do not always manifested in a real action. It is will be manifested in an action depending on the current situation.

Practice

An understanding of the guidelines for Maternal and Child Health (MCH), especially antenatal visits is still lacking, so it is still found pregnant women who do not know the importance of ANC. ANC visit is one form of health behavior. According to L. Green, factors relating to behavior are: predisposing factors, enabling factors, and reinforcing factors; which included as predisposing factors are: knowledge, attitudes, beliefs, traditions, and values (Ikram and Ranti, Y.F. 2013: 205)

The results showed that the maternal action in not good category = 35 people (34.7%) and the good category = 66 people (65.3%). Behavior that is not good, due to the 28.6% of women had less knowledge, and 39.7% who have a negative attitude. The behavioral change or adoption of new behaviors commonly follow the stages are: 1) knowledge, 2) attitude, 3) practice (Ikram and Ranti, Y.F. 2013: 206)

The results showed that the type of service that pregnant women get namely: height and weight measurement (62.4%), blood pressure measurement (66.3%), nutritional status assessment (59.4%), the high of fundus (63.4%), tetanus toxoid injection (64.4%), Giving Fe tablet (59.4%), test of sexually transmitted disease (9.9%), presentation of fetus and heart rate pulse (63.4%), and case management (5%). Health workers, especially midwives, must have extensive knowledge, high motivation, are required to use the capabilities in various aspects of life, especially in providing services to patients, and thus be able of giving a positive impact in accordance with its science. But the implementation of ANC encounter a number of obstacles, caused by lack of knowledge about ante-natal services. Theoretically, action is given by health workers (midwives) during ANC will very much affect the health of the mother and fetus because in a complete examination will easily get the detection of abnormalities that may occur during pregnancy or before birth (Dewi, *et al*, 2013)

V. CONCLUSION

The nutritional status of pregnant women were 85.1% in normal category and 14.9% in CED. Knowledge of pregnant women about the risk factors of maternal death, danger signs of pregnancy, the importance of ANC, planning a pregnancy and a safe delivery and PNC were 90,1% in less category and 9,9% in enough category. The attitude of pregnant women were 71,3% in positive category and 28,7% in negative categories. Actions of pregnant women were 34,7% in not good category and 65.3% in good category. So, need to conduct health promotion efforts and assistance to improve the nutritional status and health behavior of pregnant women by involving the active participation of health workers, community, families, mothers and husbands.

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