

THE STUDY OF PREGNANT
WOMEN BEHAVIOR IN BADUI
KANEKES TRIBE TO SEARCH
THE HEALTH SERVICES IN
KANEKES VILLAGE
LEUWIDAMAR, LEBAK
DISTRICT, BANTEN

by Aari Yuniastuti

Submission date: 19-Sep-2019 01:18PM (UTC+0700)

Submission ID: 1175674575

File name: 7._IJSRP-THE_STUDY_OF_PREGNANT_WOMEN_BEHAVIOR.docx (46.33K)

Word count: 3592

Character count: 22172

**THE STUDY OF PREGNANT WOMEN BEHAVIOR IN BADUI
KANEKES TRIBE TO SEARCH THE HEALTH SERVICES IN
KANEKES VILLAGE LEUWIDAMAR, LEBAK DISTRICT, BANTEN**

Ari Yuniastuti*, Wahyu Erniaty**

*Department of Biology, Faculty of Mathematic and Natural Science,
Universitas Negeri Semarang, Semarang, Indonesia. Email :
ari_yuniastuti@yahoo.co.id

**Postgraduate of Department of Public Health, Pascasarjana, Universitas Negeri
Semarang, Semarang, Indonesia. Email : ernibidan5@gmail.com

Correspondence Author : Ari Yuniastuti

arivuniastuti@mail.unnes.ac.id

Telp : +628156615624

Abstract . Maternal health is important to note because it concerns the main quality of human resources that is pregnancy time, childbirth and child development. The behavior of pregnant women to choose health care is one of the factors that affect the health of pregnant women. The aim of this study is to find the overview the behavior of pregnant women in Badui Kanekes tribe in search of health services in the sub-district Leuwidamar, Lebak, Banten. The method is using deskriptif-analytic research. The population are all pregnant women with or do not have children <2 years in sub-district Leuwidamar. The Samples are 72 pregnant women. The Samples were taken based on the normal distribution or Gausse Distribution. The criteria of the sample were pregnant women who are willing to follow the research. The experiment was conducted during the month of August 2015 to November 2015. The results showed that the selection of health services has been recognized by pregnant women of Badui Kanekes tribes, thus providing a behavior that is supported by the knowledge and the family. The conclusion of this study is that pregnant women Badui Kanekes tribes prefer to choose medicaster as a place of health services, so it is possible still visit medicaster to get massage.

Keywords: behavior, pregnant women, Badui Kanekes tribe, health care

I. INTRODUCTION

Maternal health is important to note because it concerns for the main quality of human resources that is pregnancy time, childbirth and child development. According to an estimate, around 16 million adolescent women (aged 15–19) give birth every year around the world and most of these births (about 95%) are concentrated in middle and low income countries [1]. Millennium Development Goals (MDGs) included this poin into the 5th purpose that is to improve maternal health [2]. Maternal and perinatal health problem is a national problem that needs to be given priority, because childbirth in adolescence is often risky. It is associated with a host of life threatening adverse health outcomes such as high risk of premature delivery, delivery and postnatal complications, unsafe abort complications, and

obstetric fistula etc. [3-8], therefore it is crucial for the quality of human resources as the next generation [9]. Hence, it is not surprising that despite account for only 11% births worldwide, adolescent women carry 23% of overall burden of disease (in terms of disability adjusted life years) due to pregnancy and childbirth among women of all ages [10-11]. Complications of pregnancy and childbirth are also among the leading causes of death among women aged 15–19 year [12].

Pregnancy involves the physically and emotionally changes of maternal and social changes in the family. Generally, pregnancy develop normally and produce healthy babies that are born through the birth canal, but sometimes the condition as not as expected. It difficult to know that a pregnancy would be a problem. Therefore, antenatal care is an important way to monitor and support the health of normal pregnant women and mothers with normal pregnancy detection [13].

Some efforts to improve maternal and infant health and reduce the number of maternal deaths had been done with a variety of family health programs, especially maternal health, which is a national program of the Ministry of Health. The maternal health programs include the service of Antenatal care (ANC), deliveries, postpartum maternal health care, neonatal health care, until care for the baby and the birth planning [14]. Antenatal Care is a program that is planned in the form of observation, education and medical treatment to pregnant women, to obtain a process of pregnancy and childbirth are safe and satisfying [15]. The principle of Antenatal care goal is to provide service or support to improve the health of pregnant women in order to create a family health [16].

The Pregnancy care in initial visits (K1) is the coverage of pregnant women who first received antenatal care by health professionals working in a region at a certain time (Health department, 2009). Repeated pregnancy care visits (K4) is the coverage of pregnant women who have obtained in accordance with standard antenatal care at least four times with the distribution time of 1 time in the first trimester, 1 time in the second trimester, and 2 times in the third trimester, in a region in the period of work certain time [17].

The utilisation of maternal healthcare is a complex phenomenon influenced by several factors. Several studies from developing countries have recognised socioeconomic factors and service delivery environment as important determinants of healthcare utilization. Quality of care, distance to health facility, lack of transport, women's low social status, age, caste, religion, educational level, economic status of the household, lack of autonomy and decision-making power and cultural norms are some of the factors that have been found to be associated with the utilization maternal care services use in different settings [18-26].

One district that have disparity shows one interesting phenomenon is in District Leuwidamar which is a district that located furthest from the capital of the district if

compared to other districts, particularly in the area of Lebak again. The residents in this region generally is Badui Kanekes tribe. The coverage of ANC service especially for K4 only 49.31%, far from the target of 95% with high risk pregnant women at 14.02%, higher than 12.21% in districts. The delivery by health personnel just 42%, from the target of 90%, Visits Neonates (KN3) only 20.16% and Postpartum Visits (KNF3) only 19.61%, the target of 90% [17]. This phenomenon shows that the maternal mortality rate is quite high on Banten regency but at the district level has a different disparity, especially in ritan health center on Leuwidamar sub-district, maternal deaths did not happen.

The overview of the medical care coverage that have inverse proportionally with the facts on the field indicate that non-medical factors influential in improving maternal health. Without prejudice to medical variables when it was realized that of non-medically study is important aspect to explored the comprehensive understanding of social behavior is very necessary so that the health program launched can run effectively and efficiently.

The factors that influence a seeking health behavior can not be separated from the behaviour of person or society itself to search for good quality health services. Such behavior is determined by one of them is the knowledge, attitudes, and beliefs of the individual or the community itself that is referred to as a predisposing factor. Besides, the availability of infrastructure, attitudes and behavior of officers will support and strengthen the formation of such behavior. Based on the problem above, this study aims to describe the behavior of pregnant women in Badui Kanekes in search of health services in the sub-district Leuwidamar, district Lebak, Banten.

II. METHODS

This study is a descriptive-observational research. The population of research is the entire household that have pregnant women in Sub-district Leuwidamar. The sample of this study was Households that have a pregnant mother of Badui Kanekes tribe. Samples were taken based on the normal distribution or Gausse Distribution. The number of samples collected were 72 pregnant women. The sample criteria is Pregnant women who are willing to follow the research, Badui Kanekes of 3 generations based on the order of the mother and do not the migration of the study area. The experiment was conducted during the months of August 2015 to November 2015. The data collection will be stopped if the required data has reached the saturation point (saturation) for qualitative data. Saturated means that the data or information disclosed by the informant is no longer a new thing and tend to repeat information that has been put forward by the previous informant. Primary data obtained from the survey questionnaire and in-depth interviews (in-depth interviews) in pregnant women in the village of Leuwidamar that aimed to examine the behavior of

pregnant women in health-seeking actualized by Badui Kanekes. Secondary data were obtained from the relevant agencies that is the district Office and village and also the health centers and health authorities in the research area. The data that collected from the research were processed and analyzed using descriptive-analytic. Descriptive approach using describe phenomena that occur in the field using existing theoretical for solving the problems occurred.

III. RESULTS AND DISSCUSSION

Badui Kanekes pregnant women in an effort to preserve and maintain their health during pregnancy is done in two ways: seeking the health care in the modern health care or health clinics and health workers to either to a midwife or a doctor and also to traditional health care or to the village midwife. The awareness of pregnant women for antenatal check on health workers as many as 31 people, and no antenatal check as many as 41 people (Table 1).

Table 1. The Maternal Behavior in Badui Kanekes checkups to the Health Officer in the District Lebak in 2015

Got Pregnancy Examination	N	%
Yes	31	43,1
No	41	56,9
Total	72	100,0

1

Source: Primary Data 2015

The Pregnant women of Badui Kanekes prever to checkups on midwives as many as 11 people, while on the doctor as many as 4 people and medicaster as many as 16 people (Table 2).

Table 2. Maternal Behavior of Dayak Kenyah to choose Officer Checking Her pregnancy in District tabang Kutai regency in 2014

The Checking Officer	n	%
Midwives	11	15,2
Doctor	4	5,5
medicaster	16	22,2
Do not checkups	41	56,9
Total	72	100,0

1

Source: Primary Data 2014

The behavior of pregnant women of Badui Kanekes to choose the health care, village health centers 6 people namely pustu / poskesdes of 3 people, polindes 3 people, society health center 3 people, 2 clinics, hospitals 1 and medicaster 16 people (Table 3).

Table 3. The distribution of Pregnant Woman in Badui Kanekes Tribe Based on the checkups place in District Lebak, Banten regency in 2015

Antenatal place	n	%
Village Health Centers	6	8,3
Village polyclinic Health Centers	3	4,2
Clinics	3	4,2
Hospital	2	2,8
Medicaster	1	1,4
Do not Check up	16	22,2
	41	56,9
Total	72	100,0

1

Source: Primary Data 2015

Pregnant women visit of Badui Kanekes tribe that has complete checkups only 1 (one) of every 10 people, while seven (7) out of every 10 pregnant women did not complete checkups (Table 4). Types of ANC services that should be obtained by ANC service standard is at least minimally 7 T or 10 T. The ANC services applied in Kutai Kartanegara regency is 10 T, which consists of height measurement, weighing, measuring blood pressure, measurement Upper Arm Circumference (MUAC), fundal height measurements, determine fetal presentation and of fetal heart rate (FHR), screening and immunization status TT vaccine, giving iron tablets (Fe), laboratory tests (urine check, Hb check), and colloquium case management or counseling [14].

Table 4. Pregnant Woman Behavior of Badui Kanekes tribe Based on Complete Pregnancy Inspection (K4) in District Lebak, Banten regency in 2015

Antenatal Check up	N	%
K1	11	15,3
K1 dan K2	7	9,7
K1, K2 dan K3	2	2,8
K1'	5	6,9
K1' dan K2'	3	4,2
K4	3	4,2
Do not Check up	41	56,9
Total	72	100,0

1

Source: Primary Data 2014

Traditional medical check up to be the choice for pregnant women of Badui Kanekes tribe and family because they feel that antenatal care to the medicaster. It is particularly important to know the health condition of the mother or fetus is in the mother's womb, and also they can get the solution if there are complaints or perceived problems that associated with pregnancy. In fact, they also have an opinion that pregnant woman should check every month. They choose to go to the medicaster because they have felt the benefits based on previous experience or from his family although the antenatal not on time even some of them that check after a complaint that he felt and for fine, they delay the time to check.

Pregnant women on Badui kanekes tribe, although generally realize that antenatal is important but some are not doing it because some reason like the conditions that do not support like have small children, because they feel ashamed and do not feel the need for feeling fine and no complaints. Here are some the result of the informants interview:

"... Yes, Pregnancy check. Antenatal is later passed one month after menstruation, just doing an antenatal. Frequently antenatal after many complaints". The Benefits of antenatal during pregnancy, the pregnancy can be nice and feeling calm and if not be advised to go at the doctor. Sometimes, we also doing an antenatal in Samarinda beside in the clinic, if fitted mirip same family ". (Su, 33 years old, junior high school, Household, third time pregnant, 2015)

"... Do not antenatal because of shame, still in school and unmarried. but I think that pregnant women is need and importance due to pregnancy check the baby's health and should be done every month ". (Ro, 18 years old, Senoir high school, first time pregnant, 2015)

"... I was antenatal to the clinic during pregnancy, up to 5 times to antenatal. It important to check as because it has many benefits, we know the condition of the baby and get vitamins". (Dw, 20 years old, Elementary School, House hold, 2015)

The selection of pregnant women for antenatal check to medicaster or the health centers supported by parents, husband, traditional leaders and even by their own village midwives because they are already aware of the importance and also have felt the benefits. These results are supported by the research results of Agustini et al (2013) which states that there is show a positive relationship between family support with antenatal care coverage [27].

Pregnant women in the Badui Kanekes, Leuwidamar sub-district was pleased with the presence of modern health in their villages, because they feel so difficult when the first

time they had to go to the clinic in neighboring districts that must be taken in a long time and furthermore sometime they have to stay just to bring her child immunization.

The Pregnant women on Badui Kanekes tribe still check or "massage" and even born in the same village midwife although already checkups too in the midwife clinic. This is done because they are already accustomed to be massage when they felt unwell, beside that it is also because they feel good and comfortable when sorted when pregnant. But for massage during pregnancy, when the gestational age under 4 (four) months, then the part of the body that should be sorted is another part and don't at the stomach. Choosing the village midwife to antenatal and give birth because the village midwife is considered to have special abilities, they able to adjust the position of the baby. Some informants interview footage as follows:

"... .With Village midwife to be sorted and every month. Do not massage at the stomach, before pregnancy is often massage because i tired as well as after pregnancy. Sort the stomach later after the age of 5 (five) months. For sequential position when it is set, I do not know too mom, how ya example he said as transverse, we set the first, she massage. sometimes they are arranged position while still far away, so that he should not lift have balance position". (Su, 33 years old, junior high, third pregnancy, 2015)

The percentage coverage of ANC services that had been provided to pregnant women has not met the expectations. Some types of services are still very low in the scope furthermore does not reach 50%, including: Giving a counseling to pregnant women only 37.5%, then giving TT vaccine only 34.7% and Hb examination only 22.2%, while the lowest is the urine test that only 4.2%. Several other types of examinations, already more than 50% but has not reached the target of 100% that is body weight examination (84.7%), height measurement (63.9%), measurement of upper arm circumference (70.8%), measurement of blood pressure (79.2%), fundal height measurements (65.3%) and the provision of iron tablets and or multivitamins (68.1%). For the examination of fetal presentation and fetal heart rate, 45.8% had received, 9.7% did not receive 44.4%, while still not yet time for examination by age pregnancy.

CONCLUSION

Traditional medical examination to be the choice for pregnant women of Badui Kanekes and family because they felt that antenatal to the medicaster. The selection of pregnant women for antenatal check to traditional health care supported by parents, husband, traditional tribe figure and even by their own village.

REFERENCES

1. World Health Organization. Early marriages, adolescent and young pregnancies: report by the *Secretariat*. Geneva, 16–19. 2012.
2. Riskesdas [RISKESDAS] Riset Kesehatan Dasar. Badan Penelitian dan Pengembangan Kesehatan, Departemen Kesehatan, Republik Indonesia. Jakarta. 2014
3. Christiansen CS, Gibbs S, Chandra-Mouli V. Preventing early pregnancy and pregnancy-related mortality and morbidity in adolescents in developing countries: the place of interventions in the prepregnancy period. *Journal of Pregnancy* 2013, pp 1-5. ID 257546 <http://dx.doi.org/10.1155/2013/257546>
4. Omar K, Hasim S, Muhammad NA, Jaffar A, Hashim SM, Siraj HH. Adolescent pregnancy outcomes and risk factors in Malaysia. *International Journal of Gynaecology and Obstetrics* 2010, 111(3), pp220–223
5. Singh A, Kumar A, Kumar A. Determinants of neonatal mortality in rural India, 2007–2008. *PeerJ*, 2013, 1:e75DOI10.7717/peerj.75.
6. Wang S-C, Wang L, Lee M-C. Adolescent mothers and older mothers: who is at higher risk for adverse birth outcomes? *Public Health* 2012, 126(12), pp. 1038–1043
7. Wilson K, Damle LF, Huang C-C, Landy HL, Gomez-Lobo V. Are adolescent pregnancies associated with adverse outcomes? *Journal of Pediatric and Adolescent Gynecology* 2012, 25(2):e51–e52
8. World Health Organization. *Adolescent pregnancy—unmet needs and undone deeds*. Geneva. 2007.
9. Solang, S., Anastance L., Atik, P. Hubungan Keuasan pelayanan Antenatal Care dengan Frekuensi Kunjungan Ibu hamil di puskesmas Kombos Kecamatan Singkil Kota Manado. *Gizindo* 2012, 4(1), pp. 349-357.
10. Gore FM, Bloem PJN, Patton GC, Ferguson J, Joseph V, Coffey C, Mathers CD. 2011. Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet* 2011, 377(9783), pp. 2093–2102
11. Mangiaterra V, Pendse R, McClure K, Rosen J. Department of making pregnancy safer (MPS) 1. Vol. 1. WHO MPS note; 2008. Adolescent pregnancy. Available at http://www.who.int/making_pregnancy_safer/documents/mpsmotes_2_lr.pdf.
12. World Health Organization. *Health for the World's Adolescents: a second chance in the second decade*. Geneva. 2014. Available at <http://apps.who.int/adolescent/second-decade/>
13. Saifuddin Ilmu Kebidanan Perkata Edisi Ke-3. EGC. Jakarta. 2002
14. MOH (Ministry of Health). Pedoman Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak. Bina Kesehatan Masyarakat. Deaprtemen Kesehatan. Jakarta. 2009.
15. Marmi. Asuhan Kebidanan Pada Masa Antenatal. Pustaka Pelajar. Yogyakarta. 2011.
16. Hani, U; Marjati, J.K; Yulifah, R. Asuhan Kebidanan Pada Kehamilan. Salemba Medika. Jakarta. 2011
17. Health Department. Profil Provinsi Banten. 2009.
18. Edmonds JK, Paul M, Sibley L. 2012. Determinants of place of birth decisions in uncomplicated childbirth in Bangladesh: an empirical study. *Midwifery* ,2012, 28(5), pp. 554–560 DOI10.1016/j.midw.2011.12.004.
19. Gabrysch S, Campbell OMR. 2009. Still too far to walk: literature review of the determinants of delivery service use. *BMC Pregnancy and Childbirth* 2009, 9, pp. 34. DOI10.1186/1471-2393-9-34.
20. Joshi C, Torvaldsen S, Hodgson R, Hayen A. 2014. Factors associated with the use and quality of antenatal care in Nepal: a population-based study using the demographic and health survey data. *BMC Pregnancy and Childbirth* 2014, 4(1):94 DOI10.1186/1471-2393-14-94.
21. Masters SH, Burstein R, Amofah G, Abaogye P, Kumar S, Hanlon M. Travel time to maternity care and its effect on utilization in rural Ghana: a multilevel analysis. *Social Science & Medicine* 2013, 93:147–154 DOI10.1016/j.socscimed.2013.06.012.
22. Nair M, Yoshida S, Lambrechts T, Boschi-Pinto C, Bose K, Mason EM, Mathai M. Facilitators and barriers to quality of care in maternal, newborn and child health: a global situational analysis through metareview. *BMJ Open* 2014, 4(5):e004749 DOI10.1136/bmjopen-2013-004749.
23. Sepehri A, Sarma S, Simpson W, Moshiri S. How important are individual, household and commune characteristics in explaining utilization of maternal health services in Vietnam? *Social Science & Medicine* 2008, 67(6):1009–1017 DOI10.1016/j.socscimed.2008.06.005.
24. Sharma SR, Poudyal AK, Devkota BM, Singh S. Factors associated with place of delivery in rural Nepal. *BMC Public Health* 2014, 14(1):306 DOI10.1186/1471-2458-14-306.
25. Tsegay Y, Gebrehiwot T, Goicolea I, Edin K, Lemma H, Sebastian MS. Determinants of antenatal and delivery care utilization in Tigray region, Ethiopia: a cross-sectional study. *International Journal for Equity in Health* 2013, 12(30) DOI10.1186/1475-9276-12-30.
26. Yamashita T, Suplido SA, Ladines-Llave C, Tanaka Y, Senba N, Matsuo H. A cross-sectional analytic study of postpartum health care service utilization in the Philippines. *PLoS ONE* 2014, 9(1):e85627 DOI10.1371/journal.pone.0085627.
27. Agustini N. N. M., Nunuk S., Pancrasia M. Hubungan antara Tingkat Pengetahuan dan Dukungan Keluarga dengan Cakupan Pelayanan Antenatal di Wilayah Kerja Puskesmas Buleleng I. *Jurnal Magister Kedokteran Keluarga* 2013, 1, pp. 67-79

THE STUDY OF PREGNANT WOMEN BEHAVIOR IN BADUI KANEKES TRIBE TO SEARCH THE HEALTH SERVICES IN KANEKES VILLAGE LEUWIDAMAR, LEBAK DISTRICT, BANTEN

ORIGINALITY REPORT

2%

SIMILARITY INDEX

2%

INTERNET SOURCES

0%

PUBLICATIONS

2%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to Midlands State University

Student Paper

2%

Exclude quotes On

Exclude matches < 15 words

Exclude bibliography On