

Parity in relation to the Compliance of Pregnant Mothers Attending a Pregnant Women's Class in the Working Area of the Health Center of Bandung Tulungagung District

Erma Retnaningtyas^{*}, Retno Palupi Yonni Siwi, Anggrawati Wulandari

Abstract-- *The parity of pregnant women means that some pregnant women have experience in undergoing pregnancy and childbirth, making them no longer routinely attend class activities. The study objective was to find out the relationship between parity and the adherence of pregnant women when taking classes in the Working Area of Bandung District Health Center, Tulungagung. The design used was correlational and analytical with a prospective approach. The population consisted of 30 pregnant women in Sukoharjo Village, Soko Village and Singgit Village. The sample was taken through total sampling. The independent variable was parity and the dependent variable was the compliance of the pregnant mother to follow the pregnant women's class. The data was collected using a questionnaire and observation sheet before being analyzed using a Chi square test with a p value < 0.05. The results showed that most were multiparous mothers (63.4%) and that 80% of them have a routine involving attending the classes. The results how there to be a relationship between parity and the compliance of the pregnant mothers to attend the pregnant women's class ($p = 0.017$). Parity can affect the compliance of pregnant women when it comes to attending the classes for pregnant women. The most common result for parity was multipara parity. Parity relates to having experience and information related to undergoing pregnancy and childbirth.*

Keywords-- *Parity, Compliance, Class of pregnant women*

I. INTRODUCTION

Maternal mortality and infant mortality rates are important indicators of the degree of public health and the success of the health services. This is in addition to the presence of health problems throughout the country. Pregnancy and childbirth are important processes. To face a healthy pregnancy and childbirth requires sufficient enough knowledge to deal with it. The Public Health Center, as the spearhead of the health services seeking to maintain the health of pregnant women, holds pregnant mother's classes in an effort to improve the care of pregnant women. Good care during pregnancy and childbirth

Health Science Institute (STRADA), Kediri, Indonesia

Corresponding author:
Erma Retnaningtyas
e-mail: erma.retna26@gmail.com

can be influenced by the parity of the pregnant women. Parity refers to the number of babies born to pregnant women. In mothers who are primiparous, they usually maintain their pregnancy well in contrast to multipara mothers. Often, pregnant women who are multipara are not compliant with the class activities [1].

According to the East Java Provincial Health Office data [2], the parity percentage for the nullipara pregnant women totals 45% and the multipara percentage is 18%. From this parity, it can be determined that the death of pregnant women caused by bleeding totals as much as 45%, followed by eclampsia at 21% and infection at 8%. Apart from the lack mother's knowledge, this could be due to their lack of labor preparation. Knowledge about labor and its preparation can be obtained through the classes held for pregnant women. The pregnant mothers' class is a means through which to learn together about the health required of pregnant women in the form of face-to-face groups. They aim to improve the knowledge and skills of the mothers regarding pregnancy, childbirth, childbirth care, newborn care, myths and family planning. However in reality, not all pregnant women are willing or routinely participate in the classes for pregnant women. This can be influenced by many factors such as primipara, meaning that not all pregnant women adhere to the classes [3].

Based on a preliminary study conducted at Bandung Puskesmas in November 2018, the number of pregnant women totaled 10 people; those who were primipara totaled 4 people and those who were multipara totaled 6. From the attendance data for each parity in the mother's class conducted at UPTD Puskesmas Bandung, for primiparity, as many as 4 people attended the class. For multipara, 5 people obeyed and there was 1 non-obedient person. From this data, it can be assumed that parity can affect the compliance of the pregnant women when it comes to attending the classes for pregnant women.

Parity is one of the reasons why pregnant women decrease their awareness of fetal health care or the process of pregnancy and childbirth. [4] Pregnant women of a certain parity will decrease their level of participation and compliance when it comes to attending the classes for pregnant women [5]. The research journal on the relationship of parity and compliance by Risnani [6] mentions the result that nullipara parity has a percentage of 76%, multipara parity has a percentage of 63% and grandemultipara has a percentage of 52%. This shows that pregnant women with a multipara parity make up a smaller percentage with a probability of 0.032. This is less than α (0.05), meaning that they are less obedient when following along with the guided activities for pregnant women [7].

The impact that arises due to the non-compliance of pregnant women attending the class activities includes a lack of readiness in the face of childbirth, caring for the newborn, improving the baby's health and preparing for Family Planning [8].

There are efforts that can be done to build the awareness of pregnant women of any parity in order for them to be obedient and participate in the pregnant mother's class program, one of which is by increasing their available social support. Existing social support refers to the comfort, attention, appreciation or assistance provided by other people or groups to the individual. Social support can be obtained from their spouses, families and health workers [9]. In addition to family motivation, health workers play an important role in providing knowledge so then the pregnant women are increasingly aware of the need to attend the pregnant mothers' classes.

Based on the description above, the researcher intends to conduct research under the title 'Parity and the Compliance of Pregnant Women when Attending Pregnant Women's Classes in the Working Area of the Bandung Public Health Center in Tulungagung Regency.

II. METHOD

The analytical research design used a correlational approach. The population in this study consisted of all of the pregnant women in Sukoharjo Village, Soko Village and Singgit Village in the working area of the Bandung Public Health Center in Tulungagung Regency totaling 30 people. The sampling technique used was total sampling. The researcher gave an informed consent sheet to all of the respondents and then the questionnaire. The data processing was done through editing, coding, scoring and tabulating. The data analysis technique used was the statistical test Chi-Square.

III. RESULTS

Characteristics of the Respondents by Age, Education, Employment, Information and Resources

Table 1. Characteristics of the Respondents by Age, Education, Occupation, Information and Sources of Information

Characteristics	n	%
Year		
< 20 years	8	26.7
20-35 years	17	56.7
>35 years	4	13.3
Education		
Primary school	4	13.4
Junior high school	7	23.4
Senior high school	19	63.4
University	0	0
SD	4	13.4
Job		
PNS	0	0
Private/entrepreneur	8	26.7
Farmer	8	26.7
Housewife	14	46.7
Information		
Never	0	0
Ever	30	100
Source of Information		
Health worker	30	100
Mass Media	0	0
Electronic Media	0	0
Friends , family	0	0

Based on Table 1, it is known that the majority of the respondents are aged 20-35 years old, that most of the respondents have a high school level education, that almost half the respondents are housewives, that all of the respondents had received information and that based on the information sources, all of the respondents received information from the local health workers.

Variable Characteristics

Table 2. Cross-tabulation of parity frequency with compliance in relation to attending the pregnant women's classes in the working area of the Bandung Public Health Center in Tulungagung Regency in 2019

Variable	Parity				Total	
	Primipara		Multipara			
Compliance	n	%	n	%	n	%
Routine	10	90.9	14	73.6	24	80
Non-routine	1	9.1	5	26.4	6	20
Total	11	100	19	100	30	100
Chi square test result : n = 30 p = 0.017 α = 0.05						
Source : Data Primer, 2019						

Table 4.8 shows that out of the 30 respondents, 24 (80%) of the respondents were multipara and 14 (73.6%) routinely attended the classes for pregnant women. Of the 11 primiparous respondents, almost all (10: 90.9%) respondents routinely attended the classes. Out of the 11 primiparous respondents, only 1 respondent did not routinely attend (9.1%).

Based on the analysis using *Chi square* with the help of SPSS for Windows 16 with a *p value* of 0.017, $0.017 < 0.05$. This means that the results obtained by H1 are accepted. This means that there is a relationship between parity and compliance when attending the classes for pregnant women in the working area of the Bandung Health Center in Tulungagung Regency in 2019.

IV. DISCUSSION

Parity

Based on Table 2, most of the 19 (63.4%) mothers were multipara. *Multipara* is used to refer to a woman who has given birth to viable babies twice or more. According to (8), level of parity has attracted the attention of researchers in relation to the health of both mothers and babies. It is said that there is a tendency for maternal health with a low parity to be better than a high parity. There is also an association between parity level and certain diseases.

Compliance of the Pregnant Women When Attending the Classes for Pregnant Women

Based on the results of the study, it was found that there were 24 (80%) pregnant women who complied with attending the classes for pregnant women. The pregnant women's class is a study group for pregnant women with a gestational age between 4 weeks to 36 weeks (before delivery) with the maximum number of participants being 10 people. In this class, the pregnant women learn together and discuss and exchange experiences focused on maternal and child health (MCH). This is carried out in a scheduled and continuous manner. The classes are facilitated by midwives and health workers using the package 'Classes for Pregnant Women' which includes the MCH Handbook, a Flip chart (flip sheet), Guidelines for Implementing Classes for Pregnant Women, the Facilitator's Handbook for Pregnant Women's Classes and a Book of Gymnastics for Pregnant Women [10]

Compliance with the classes for pregnant women is defined as the behavior of the pregnant women who obey all of the instructions recommended by the health workers, including attending the classes for pregnant women. Adherence to the classes for pregnant women is obtained through the calculation of attendance according to the attendance list taken during the class activities. The classes for pregnant women are held 4 times. Pregnant mothers are classified as obedient if they attend a meeting for pregnant women more than once. Conversely, pregnant women are said to be disobedient if they have never been present in a class [11]

Adherence to attending the class for pregnant women is a positive thing, given that the classes are very good for them. The class is done so then pregnant women can prepare for their pregnancy and childbirth optimally. In each class, the pregnant women are given different materials so then the knowledge of the pregnant women is increased. This means that what they know will not only be based on experience. Most of the obedience is reflected by the primipara mothers and several of the multiparous mothers. For the primiparous mothers, this is done because the mothers feel that it is important to attend classes for pregnant women because it will add to their knowledge and insights during pregnancy while preparing them for labor.

Disobedience is often caused by the pregnant women not understanding the purpose of the activity and even pretending to understand, thus ignoring the importance of the activity. Their compliance is thus reduced. In addition, family support when it comes to attending the class activities for pregnant women is one of the causes of disobedience.

Relationship between Parity and Compliance When Attending the Pregnant Women's Classes in the Working Area of the Bandung Health Center

Based on Table 2, the results show that out of the 30 respondents, 19 (63.4%) respondents were multipara and 14 of these women routinely attended the classes for pregnant women (73.6%). Of the 11 primiparous respondents, there were 10 (90.9%) respondents who routinely attended the class for pregnant women and there was 1 respondent who did not routinely attend (9.1%).

Based on the results of the analysis using *Chi square* and SPSS for Windows 16, the result for the *p value* was 0.017 so $0.017 < 0.05$. The results obtained by H1 were thus accepted. This means that there is a relationship between primipara and compliance with attending the classes conducted in Sukoharjo Village, Bandung District, Tulungagung Regency in 2019.

Relevant research on parity includes the relationship between parity and the compliance with the health education of pregnant women as examined by Ella in 2017 in a hospital in Nigeria. This study showed that parity (53.8%) has a relationship with the compliance concerning health education [12].

Parity is a condition that is used to refer to how many times a mother has experienced pregnancy up until delivery. A pregnant woman with multi-parity is certainly more experienced at dealing with pregnancy because she has experienced a previous pregnancy. She will also have knowledge from her previous pregnancy through to childbirth. In the classes for the pregnant women, how to deal with pregnancy up until taking birth control again is explained. For the pregnant women of a certain parity, they will think that they already understand so they are reluctant to attend the classes routinely.

For the multipara women, there were 5 (26.4%) respondents who did not routinely attend the classes for pregnant women. They felt that they had enough experience of pregnancy, thus this made the pregnant women reluctant to attend the classes. Relevant research titled 'Factors Influencing Antenatal Care Services Utilization' was conducted by Abosse in Ethiopia. This study investigated the personal characteristics (individual factors) associated with compliance with the provided health education among the pregnant women attending antenatal classes. The study showed that the individual factors that facilitated compliance were the level of knowledge provided and the level of education of the pregnant women (72.9%) [13]. This shows that according to the existing research, there is a relationship between parity and the compliance of pregnant women when it comes to attending classes. The study limitation is that some of the respondents had given birth so the researchers had to approach them in their home.

V. CONCLUSION

The most common type of parity totaling 19 pregnant women was multiparous at 63.4%. Almost all of the 24 (80%) pregnant women routinely attended the pregnant women's classes. There is a relationship between parity and the compliance related to attending the classes for pregnant women in the Working Area of the Public Health Center Bandung Tulungagung Regency in 2019.

This research was supported/partially supported by the head of the Public Health Center Bandung Tulungagung District.

CONFLICT OF INTEREST

The author declares there to be no potential conflict of interest.

ACKNOWLEDGEMENT

Thanks go to all of the pregnant mothers who were willing to become respondents and the Public Health Center of Bandung Tulungagung District who allowed us to conduct this research.

REFERENCES

- [1] U. Sri, "Angka Kematian Ibu dan Bayi Indonesia, 10 Negara Tertinggi di Dunia," *Mediaindonesia*, 2018. [Online]. Available: <https://mediaindonesia.com/read/detail/162637-angka-kematian-ibu-dan-bayi-indonesia-10-negara-tertinggi-di-dunia>. [Accessed: 16-Apr-2020].
- [2] Profile of East Java Province Health Service, "Maternal and Child Health Efforts," East Java Provincial Health Service, 2017.
- [3] D. of Health, "Guidelines for Implementing Pregnant Women Classes," Directorate General of Community Health Development, 2017.
- [4] A. A. A. Ateeq and A. Rusaies, "Health Education during antenatal Care," *Int. J. Women's Heal.*, vol. 1, no. 7, pp. 239–242, 2018.
- [5] Ministry of Health, "General Guidelines for Class Management of Pregnant Women," Ministry of Health of the Republic of Indonesia, 2019.
- [6] Y. H. Risnani R, "Factors related to the presence of Pregnant Women in Pregnant Women Classes in One District, South Lampung Regency," *J. Nurs.*, vol. 3, no. 1, pp. 19–30, 2017.
- [7] BKBK, "Early Detection of Labor Complications," Indonesian Ministry of Health, 2016.
- [8] Notoatmodjo, *Health promotion and Health Behavior*. Jakarta: Rineka Cipta, 2007.
- [9] N. Soekidjo, *Health Research Methodology*. Jakarta: Rineka Cipta, 2017.
- [10] Ministry of Health, "Mother and Infant Mortality Rate," *Department of Health*, 2017. [Online]. Available: <http://www.bank.data.depkes.go>. [Accessed: 03-Mar-2020].
- [11] M. of Health, "Guidelines for Implementing Pregnant Women Classes," Indonesian Ministry of Health., 2009.
- [12] I. N. O. R. E. Ella, E. E. Esienumoh, "Personal Characteristics And Compliance To Health Education Among Pregnant Women Attending Antenatal Clinic In University Of Calabar Teaching Hospital, Nigeria," *Glob. J. Pure Appl. Sci.*, vol. 23, no. 8, pp. 327–335, 2017.
- [13] O. S. Abosse, Z. Woldie, M, "Factors Influencing Antenatal Care Services Utilization in Hadiya Zone. Ethiop," *J. Heal. Sci.*, vol. 20, no. 2, pp. 75–82, 2016.