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THE RELATED FACTORS TO THE BEHAVIOUR OF PREGNANT WOMEN IN MATERNITY PLANNING AND COMPLICATION PREVENTION PROGRAM

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ABSTRACT

One of the breakthrough efforts that can reduce the maternal mortality rate as is Maternity Planning and Complication Prevention is expected to motivate the behavior of pregnant women in an effort to accelerate the reduction of maternal mortality. The high maternal mortality rate in Pringsewu regency is caused by a lack of screening for pregnant woman because it is suspected that there are still many high – risk pregnant woman who have not been found or have not come to health facilities. The aim of the research is knowledge of factors associated with behavior of pregnant women in childbirth planning and complication prevention programs. This research is a quantitative study with a cross sectional design. The data was collected by questionnaire tool. The population in this study were pregnant women who had an antenatal care in January 2021 at 3 public health centers that representing Pringsewu Regency, namely the community health center which had the highest moderate, and lowest coverage of Pregnancy visits 1 and 4 visits as many as 122 pregnant women. While the sample in this study was 96 pregnant women. Before the data collection, a questionnaire was tested on 30 respondents. The data analysis in this study is univariate test, bivariate test, and multivariate test. Based on the results of the study, it is known that some of pregnant women in Pringsewu regency have good behaviour, namely 62,5%. The results showed that there were 5 variables that had a significant relationship with the behavior of pragnant women in complication preventif program including knowledge (p value 0,030),attitudes (p value 0,000), availability of infrastructure (p value 0,033), distance to health facilities (p value 0,030) and husband's support (p value 0,017). The most dominant variable related to the behaviour of pregnant women in complication prevention program is attitude where has the highest OR value of 5,881. In order to inprove the behavior of the community,especially pregnant women in complication prevention program, the Departement of Health needs to empower the community such as implementing the standby village, so that the community is able to independently fulfill the health facilities or infrastructure that are not yet available, namely village ambulances and village blood banks to support the implementation of complication prevention program so as to reduce maternal mortality rate (MMR) and infant mortality rate (IMR).

Keywords: behaviour; complication; factors; pregnant women; prevention

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INTRODUCTION

The success of Health Development can be seen from the various indicators used to monitor health status as well as to evaluate the success of program implementation. Indicators of public health are measured by Life Expectancy (UHH) which is closely related to Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and nutritional status of infants and toddlers. Currently, the high MMR is one of the problems that become the main priority of health development in Indonesia. (Indonesia Health Profile, 2019). MMR data worldwide in 2017 according to the World Health Organization (WHO) was 211/100,000 live births (KH).

Nearly 94% of maternal deaths that occur worldwide occur in developing countries, and two thirds (65%) occur in Africa, which causes Africa to be ranked first in the highest MMR in the world, which is 525/100,000 KH. Meanwhile, the second highest MMR is occupied by the Eastern Mediterranean, which is 164/100,000 KH. Meanwhile, Southeast Asia occupies the third position with the highest MMR, which is 152/100,000 KH. (WHO,2019). Data of 11 countries in Southeast Asia, Indonesia occupies the third position with the highest MMR of 177/100,000 KH, after Myanmar with an MMR of 250/100,000 KH and Laos 185/100,000 KH. Meanwhile, the lowest MMR in Southeast Asia is occupied by Malaysia and Singapore with MMR only 29/100,000 KH and 8/100,000 KH, respectively. (WHO, 2019). Although Indonesia is not in the highest rank, the MMR in Indonesia is still relatively high when compared to the MMR in other Southeast Asian countries.

Data from the Department of Health of the Republic of Indonesia in 2019 showed that there was a decrease in the number of maternal deaths by province, from 4,226 cases in 2018 to 4,221 cases in 2019. The most common causes of maternal death were bleeding (1,280 cases), hypertension in pregnancy (1,066 cases), and infection (207 cases). Lampung Province is included in the moderate zone for maternal mortality cases, this is different from the provinces in eastern Indonesia, where maternal mortality cases are very high due to the lack of available health facilities. (Indonesia Health Profile, 2019). Based on data from the Lampung Provincial Health Department in 2019, maternal mortality cases in 2019 also increased, from 102 cases in 2018 to 110 cases, which were caused by bleeding (29 cases), hypertension (31 cases), infection (3 cases), circulatory system disorders (4 cases), metabolic disorders (1 case) and others (42 cases). (Health Profile of Lampung Province, 2019). Of the 15 districts/cities in Lampung, the highest maternal mortality cases were in Central Lampung with 16 cases, and the lowest was in Tulang Bawang Barat with 2 cases. Meanwhile, Pringsewu Regency has a moderate number of maternal deaths, namely 7 cases. (Lampung Province Health Profile, 2019).

Meanwhile, based on data from the Pringsewu Regency Health Department in 2020, maternal mortality cases in Pringsewu showed an increase to 9 cases. Whereas the coverage of handling complications in high-risk pregnant women in the Pringsewu district was the highest in Lampung Province, namely 103.8%. This may be due to data errors in the coverage of high-risk pregnant women, which causes the coverage of complications for high-risk pregnant women to be more than 100%. Based on this, it is necessary to conduct a screening because it is suspected that there are still many high-risk pregnant women who have not been found or have come to health care facilities. (Province of Lampung Health Profile 2019).

One of the breakthrough efforts that can reduce MMR is the Birth Planning and Complication Prevention (P4K) Program. This P4K focuses on community empowerment in monitoring pregnant women, giving birth, and postpartum by increasing the participation of pregnant women, husbands, families, and the community in planning safe deliveries and preparing for complications. Safe delivery in question is delivery assisted by health workers in health facilities so that mothers get health services according to standards. In Pringsewu Regency, the coverage of deliveries by health workers at health facilities tends to decrease from 92.78% in 2019 to 88.34% in 2020. (Pringsewu Regency Health Profile, 2020)

P4K is expected to motivate the behavior of pregnant women in an effort to accelerate the decline in MMR, namely by carrying out pregnancy checks at health facilities, giving birth by health workers at health facilities, post-delivery care at health facilities, special care and referrals in case of complications and Family Planning (KB) services.) after delivery. The

behavior of pregnant women in P4K is influenced by many factors including the knowledge and attitudes of pregnant women. Lack of sufficient knowledge and information about the goals and benefits of planning for childbirth and preventing complications will affect the attitude of pregnant women so that it will also affect the behavior of pregnant women in implementing P4K.

In addition to the knowledge and attitudes of pregnant women, the availability of health infrastructure also affects the behavior of pregnant women in P4K. Availability of Puskesmas which is a level I health facility. Availability of hospitals as a referral facility in case of complications in pregnant women, availability of health workers who provide health services and delivery assistance to pregnant women, availability of village ambulances which if at any time are needed to make referrals to facilities hospital if needed and the availability of blood donors if pregnant women need blood donors. In addition to the availability of health facilities and infrastructure, the affordability of the community in obtaining health services including the distance to health facilities will also affect the behavior of pregnant women in implementing P4K which will have an impact on the selection of health services.

Another factor that influences the behavior of pregnant women is family support (husband). In this case the husband's support is the husband's various actions in accepting, responding, appreciating and being responsible for planning the delivery to be carried out by pregnant women. In addition to husband's support, the support of health workers also has an influence in shaping the behavior of mothers in implementing P4K. The role of health workers is to monitor carefully and provide support and comfort to pregnant women both in terms of emotions, feelings and physically in determining the selection of the right delivery assistance.
Based on a preliminary survey that researchers conducted at the Bumiratu Health Center in December 2020, the results showed that of the 10 pregnant women interviewed, it was known that 4 out of 10 pregnant women had less knowledge about P4K, namely about the purpose of P4K, benefits of P4K and components of P4K, 8 out of 10 Pregnant women have a positive attitude about P4K, namely delivery planning at health workers. 6 out of 10 pregnant women said that the availability of facilities and infrastructure was not available, including the availability of village ambulances and blood donors which were still not available. 3 out of 10 pregnant women say that the distance from their home to health facilities is quite far. 8 out of 10 pregnant women get support from their husbands, namely the husband always takes the mother during pregnancy check-ups and the husband supports the mother's decision in planning delivery, and 8 out of 10 pregnant women get support from health workers in the form of services provided by good health workers and support in planning childbirth safe in health facilities.

METHOD

This study was conducted to determine the behavior of pregnant women in P4K. This study was conducted on pregnant women to determine the factors associated with the behavior of pregnant women in the Delivery Planning and Complications Prevention Program (P4K) in Pringsewu Regency. This research is quantitative with cross sectional design. This research was carried out in Pringsewu Regency from May 24 to June 25, 2021. The population in this study were pregnant women who did pregnancy check-ups at 3 Puskesmas representing Pringsewu Regency, namely Puskesmas which had the highest, medium and lowest K1 and K4 coverage of pregnant women including Pagelaran Health Center, Pringsewu Health Center and Bandung Baru Health Center as many as 122 pregnant women. While the sample in this study was taken through a combination of two sampling techniques, namely the proportional sampling method and simple random sampling and obtained a sample of 96 people. Data

analysis in this study is univariate test, bivariate test and multivariate test statistic using a computer program.

RESULTS

Tabel 1.
Characteristic of Respondents (n=96)

Characteristics	f	%
Age		
< 20 Years	4	4,2
20 – 35 Years	77	80,2
> 35 Years	15	15,6
Level of Educations		
Primary School	4	4,2
Junior High School	17	17,6
Senior High School	71	74,0
College	4	4,2
Profession		
Housewife	96	100
Private sector employee	-	-
Farmer	-	-
Civil Servant	-	-
Etc	-	-

Table 2.
Univariate Analysis Results (n=96)

Variable	f	%
Behaviour		
Good	60	62
Not Good	36	37,5
Knowledge		
Good	51	53,1
Not Good	45	46,9
Attitude		
Good	45	46,9
Not Good	51	53,1
Availability of Health Infrastructure		
Available	56	58,3
Not Available	40	41,7
Distance to Health Facilities		
Close	43	44,8
Far	53	55,2
Husband's Support		
Support	55	57,3
Not Support	41	42,7
Health Workers Support		
Support	62	64,6
Not Support	34	35,4

Table 1, it can be seen that from 96 respondents the number of respondents aged <20 years was 4 people (4.2%), respondents aged between 20-35 years were 77 people (80.2%) and those aged > 35 years is 15 people (15,6%). As for the level of education, the number of respondents with elementary education is 4 people (4.2%), junior high school is 17 people (17.6%), then high school is 71 people (74%), and college is 4 people (4.2%). Meanwhile, for the job status of all respondents, 96 people (100%) are Housewives (IRT).

Table 2, from 96 respondents it was found that some pregnant women in Pringsewu Regency had good behavior in P4K, namely 60 people (62.5%) while pregnant women in Pringsewu Regency who had poor behavior in P4K were 36 people (37 ,5%). In the knowledge variable, some pregnant women have good knowledge about P4K, namely 51 people (53.1%) while pregnant women who have poor knowledge about P4K are 45 people (46.9%). Then for the attitude variable, some pregnant women have a bad attitude in P4K, namely 51 people (53.1%) while pregnant women who have a good attitude in P4K are 45 people (46.9%).

Meanwhile, on the variable availability of infrastructure, it shows that some pregnant women have good availability of infrastructure in P4K, namely 56 people (58.3%) while pregnant women who have poor availability of infrastructure in P4K are 40 people (41.7 %). The variable Distance to health facilities shows that, some of the houses of pregnant women who are far from health facilities are 53 people (55.2%) while the houses of pregnant women who are close to health facilities are 43 people (44.8%).

Then on the husband's support variable, it shows that some pregnant women get good support from their husbands in P4K, namely 55 people (57.3%) while pregnant women who get poor support from their husbands in P4K are 41 people (42.7%). Meanwhile, the health worker support variable showed that some pregnant women received good support from health workers in P4K, namely 62 people (64.6%) while pregnant women who did not get support from health workers in P4K were 34 people (35.4%).

Table 3.
The Relationship between knowledge with behavior of pregnantwomen in P4K (n=96)

Knowledge	Behaviour				Total		P-value	OR (CI 95%)
	Good		Not Good					
	f	%	f	%	f	%		
Good	37	72,5	14	19,1	51	100	0,030	2,528
Not Good	23	51,1	22	48,9	45	100		(1,082– 5,905)

Table 3, it can be seen that from 51 pregnant women who have good knowledge there are 37 (72.5%) pregnant women who behave well in P4K and 14 (19.1) pregnant women who behave poorly in P4K. Meanwhile, from 45 pregnant women who have poor knowledge, there are 23 (51.1%) pregnant women who behave well and 22 (48.9%) pregnant women who behave poorly. Based on the results of the chi square test, obtained a probability value (p-value) of 0.030 <0.05, which means that there is a significant relationship between knowledge and behavior of pregnant women in P4K in Pringsewu Regency. From the statistical test, the OR (Odd Ratio) value of 2,528 means that pregnant women who have good knowledge have 2,528 times the chance to behave well in P4K compared to pregnant women who have poor knowledge.

Table 4.
The Relationship between attitude with behavior of pregnant women in P4K (n=96)

Attitude	Behaviour				Total		P- value	OR (CI 95%)
	Good		Not Good					
	f	%	f	%	f	%		
Good	38	84,4	7	15,6	45	100	0,000	7,156
Not Good	22	43,1	29	56,9	51	100		(2,690 – 19,033)

Table 4, it can be seen that from 45 pregnant women who have good attitudes, there are 38 (84.4%) pregnant women who behave well and 7 (15.6%) pregnant women who behave poorly. Meanwhile, of the 51 pregnant women who have a bad attitude, there are 22 (43.1%) pregnant women who have good behavior and 29 (56.9%) pregnant women who have bad behavior.Based on the results of the chi square test, obtained a probability value (p-value) of 0.000 <0.05, which means that there is a significant relationship between attitudes and behavior of pregnant women in P4K in Pringsewu Regency. From the statistical test, an OR value of 7.156 was obtained, which means that pregnant women who have a good attitude have 7.156 times the chance to behave well in P4K compared to pregnant women who have a bad attitude.

Table 5.
The Relationship between availability of health infrastructure with behavior of pregnant women in P4K (n=96)

Availability of Health Infrastructure	Behaviour				Total		P-value	OR (CI 95 %)
	Good		Not Good					
	f	%	f	%	f	%		
Available	40	71,4	16	28,6	56	100	0,033	2,500
Not Available	20	50	20	50	40	100		(1,070 – 5,841)

Table 5, it can be seen that from 56 pregnant women who have good infrastructure, there are 40 (71.4%) pregnant women who behave well and 16 (28.6%) pregnant women who behave poorly. Meanwhile, of the 40 pregnant women who have inadequate infrastructure, there are 20 (50%) pregnant women who behave well and 20 (50%) pregnant women who behave poorly. Based on the results of the chi square test, obtained a probability value (p-value) of 0.033 <0.05, which means that there is a significant relationship between the availability of infrastructure and the behavior of pregnant women in P4K in Pringsewu Regency. From the statistical test, an OR value of 2,500 was obtained, which means that pregnant women who have good infrastructure facilities have a 2,500 times chance to behave well in P4K compared to pregnant women who have poor infrastructure availability.

Table 6.
The Relationship between distance to health facilities with behavior of pregnant women in P4K (n=96)

Distance to Health Facilities	Behaviour				Total		P value	OR (CI 95%)
	Good		Not Good					
	f	%	f	%	f	%		
Close	32	74,4	11	25,6	43	100	0,030	2,597
Far	28	52,8	25	47,2	53	100		(1,086 – 6,211)

Table 1, it can be seen that from 43 pregnant women whose homes are close to health facilities, there are 32 (74.4%) pregnant women who behave well and 11 (25.6%) pregnant women who behave poorly. Meanwhile, from 53 pregnant women whose homes are far from health facilities, there are 28 (52.8%) pregnant women who behave well and 25 (47.2%) pregnant women who behave poorly.Based on the results of the chi square test, the probability value (p-value) of 0.030 <0.05, which means that there is a significant relationship between the distance to health facilities and the behavior of pregnant women in P4K in Pringsewu Regency. From the statistical test, the OR value was 2.597, which means that pregnant women whose house is close to a health facility have a 2.597 time chance to behave well in P4K compared to pregnant women whose house is far from a health facility

Table 7.
The Relationship between husband's support with behavior of pregnant women in P4K (n=96)

Husband's Support	Behaviour				Total		P-value	OR (CI 95%)
	Good		Not Good					
	f	%	f	%	f	%		
Support	40	72,7	15	27,3	55	100	0,017	2,800 (1,194 – 6,569)
Not Support	20	48,8	21	51,2	41	100		
Total	60	62,5	36	37,5	96	100		

Table 7, it can be seen that of the 55 pregnant women who received support from their husbands, there were 40 (72.7%) pregnant women with good behavior and 15 (27.3%) pregnant women with bad behavior. Meanwhile, of the 41 pregnant women who did not get support from their husbands, there were 20 (48.8%) pregnant women who behaved well and 21 (51.2%) pregnant women who behaved less well. Based on the results of the chi square test, obtained a probability value (p-value) of 0.017 <0.05, which means that there is a significant relationship between husband's support and the behavior of pregnant women in P4K in Pringsewu Regency. From the statistical test, the OR value was 2,800, which means that pregnant women who received support from their husbands had 2,800 times the chance to behave well in P4K compared to pregnant women who did not receive support from their husbands.

Table 8.
The Relationship between health worker support with behavior of pregnant women in P4K (n=96)

Health Worker Support	Behaviour				Total		P-value	OR (CI 95%)
	Good		Not good					
	f	%	f	%	f	%		
Support	39	62,9	23	37,1	62	100	0,912	1,050 (0,443 – 2,487)
Not	21	61,8	13	38,2	34	100		

Table 8, it can be seen that of the 61 pregnant women who received support from health workers, there were 39 (62.9%) pregnant women who behaved well, and 23 (37.1) pregnant women who behaved less well. , from 34 pregnant women who did not get support from health workers, there were 21 (61.8%) pregnant women who behaved well and 13 (38.2%) pregnant women who behaved less well. Based on the results of the chi square test, the probability value (p-value) of 0.912 > 0.05, which means that there is no significant

relationship between husband's support and the behavior of pregnant women in P4K in Pringsewu Regency.

Table 9.
Results of Multivariate Analysis with Logistic Regression Test (n=96)

Variable	B	Wald	P-*value*	OR	95% CI for Exp (B)	
					Lower	Upper
Knowledge	0,355	0,366	0,545	1,426	0,451	4,505
Attitude	1,772	11,828	0,001	5,881	2,143	16,142
Distance to Health Facilities	0,813	2,654	0,103	2,254	0,848	5,995
Husband's Support	0,618	1,099	0,295	1,855	0,584	5,891
Constant	-4,670	13,058	0,000	0,010		
-2 Log likehood = 102,537			Chi-Square = 24,483			
P-value = 0,000						
Nagerlkerker R Square = 0,307						

Table 9, it can be seen that only the attitude variable has a significant relationship with the behavior of pregnant women in P4K. With the results of the analysis, obtained a p-value of 0.001 with a coefficient of B (1.772) and an OR of 5.881. These results indicate that attitude is the most dominant variable related to the behavior of pregnant women in P4K. The OR value on the attitude variable shows that pregnant women who have a good attitude have 5.881 times the opportunity to behave well in P4K compared to pregnant women who have a bad attitude. From the results of the analysis, obtained a relatively high value of chi square, which is equal to 24,483 and a significance value of 0.000. These results mean that the variables of knowledge, attitudes, distance to health facilities and husband's support together can explain the dependent variable at the 5% alpha level.

The results of the coefficient of determination, it can be seen that how much the model is able to explain the dependent variable. Based on the results of the analysis, the value of Negelkerke R Square (R2) was 0.307 (30.7%), meaning that the variables of knowledge, attitude, distance to health facilities and husband's support were able to explain the behavior of pregnant women in P4K by 30.7% and the remaining 69.3%. explained by other variables outside this study.

DISCUSSION

Knowledge is the result of knowing and this occurs after people have sensed a certain object, knowledge generally comes from sensing that occurs through the five human senses, namely: the senses of sight, hearing, smell, taste and touch, most of human knowledge is obtained through the eyes and eyes. ear. Someone who is said to have less knowledge if the person just knows and understands it, while someone who has sufficient knowledge tends to have not only knowing and understanding but also being able to apply and analyze, and someone is said to have good knowledge when it reaches the level of synthetic and evaluation stages. Knowledge is something that grows and develops. Factors that affect knowledge include internal factors and external factors. Internal factors include education, occupation, and age, while external factors include environmental and socio-cultural factors.

A person can know the knowledge, understanding and skills that lead him to maturity. Differences in education levels cause differences in knowledge about health. The higher the

level of education, the easier it will be for someone to receive and develop their knowledge so that positive behavior changes occur. On the other hand, a lack of education will hinder the development of a person's attitude towards the new values that are introduced.

Based on the results of research conducted in Pringsewu Regency, it is known that there is a significant relationship between knowledge and behavior of pregnant women in P4K in Pringsewu Regency.The results of this study are in line with research conducted by Riani Isyanan Pramasanthi (2016), which states that there is a very significant relationship between knowledge of pregnant women and compliance with implementing P4K in Salatiga City. And it is also reinforced by research conducted by Abdi Iwahyudi Yasril (2019) which states that there is a relationship between knowledge and behavior of pregnant women in P4K.

The results of the questionnaire recapitulation on the knowledge variable obtained data indicating that the questionnaire containing the benefits and objectives of P4K was categorized as good. However, the questionnaire containing the goals and activities in P4K was categorized as poor. This is due to the lack of information provided by health workers such as midwives to pregnant women regarding P4K in a more complete manner. Meanwhile, another cause is that pregnant women are less active in seeking information from the media such as books, the internet, and others as an effort for pregnant women to obtain information about P4K. So it is hoped that the increased knowledge of pregnant women about P4K can improve the behavior of pregnant women in implementing P4K.

Thus, it can be concluded that knowledge is one of the factors that influence or predispose to behavior change that provides rational thinking or motivation for an activity, as well as a factor that facilitates the occurrence of one's behavior. In this study, the behavior that may be influenced by the level of knowledge is the behavior of pregnant women in P4K in Pringsewu Regency in 2021. The better the knowledge of pregnant women about P4K, the better the behavior of pregnant women in P4K, and vice versa.

Attitude is a tendency to act, think, perceive, and feel in the face of objects, ideas, situations, or values. Attitude is a reaction or response of a person who is still closed to a stimulus or object, the attitude is not yet an action or activity, but is a "predisposition" of action or behavior. The formation of attitudes is influenced by personal experience, culture, other people who are considered important, mass media, educational institutions or institutions themselves and religious institutions, as well as emotional factors in individuals. approach to community leaders, religious organizations, and so on. With the formation of a positive attitude towards the importance of P4K, pregnant women can carry out pregnancy checks on health workers so they can monitor the condition of the mother and fetus so as to prevent possible complications.

Based on the results of research conducted in Pringsewu Regency, it is known that there is a significant relationship between attitudes and behavior of pregnant women in P4K in Pringsewu Regency. The results of this study are in line with research conducted by Erni Yuliastuti, et al. (2015), which states that attitudes are related to the behavior of pregnant women in P4K. These results are also in line with research conducted by Abdi Iswahyudi Yasril. (2017), which shows that attitudes are related to behavior in P4K in Parupuk Tabing Village.

The results of the recapitulation of the attitude variable questionnaire obtained data indicating that in the interest questionnaire in the implementation of P4K, there were still many pregnant

women who behaved unfavorably. The lack of attitude of pregnant women in the interest in implementing P4K is due to the lack of assistance and information provided by health workers, especially midwives. So that pregnant women are less well behaved and less interested in the implementation of P4K. Assistance and providing more complete information about P4K is needed so that it can increase the positive attitude of pregnant women and will affect the behavior of pregnant women in P4K.

Attitude is a reaction or response that is still closed from a person to a stimulus or object. Attitude is also a readiness or willingness to act and is also the implementation of certain motives. To increase the mother's positive attitude about the importance of P4K, it can be through health education, community leaders' approaches, etc. In this study, the behavior that may be influenced by attitude is the behavior of pregnant women in P4K in Pringsewu Regency in 2021. Thus, it can be concluded that the better the attitude of pregnant women in P4K, the better the behavior of pregnant women in P4K, and vice versa. The availability of health infrastructure is one of the factors related to health behavior, the availability of transportation facilities will have an impact on the community's response to participate in health programs. In addition to other enabling factors, such as the expertise of a person, organization or community, it will lead to changes in behavior and the environment.

Puskesmas as one of the health service facilities whose existence is very important, because it is directly involved with the community. Puskesmas is the basic concept of primary health care for the community in Indonesia, according to its definition, namely the technical implementing unit of the district/city health service which is responsible for carrying out health development in a work area, the puskesmas is the person in charge of organizing health efforts for the first level Based on data on the availability of health infrastructure, in 2020 in Pringsewu Regency, there are already 14 Puskesmas in each sub-district, and to be able to reach their working area, the Puskesmas has a service network that includes 34 Sub-Puskesmas (Pustu) units and mobile health centers and their networks. both village midwives, posyandu and poskesdes.

In addition to Puskesmas, other health facilities needed by the community are hospitals. In 2020, there are 5 hospitals in Pringsewu Regency, namely 1 government hospital and 4 private hospitals. Then, to improve the health status of the community as high as possible, support from various parties, including the private sector, is needed. Namely, with the establishment of a Polyclinic in Pringsewu Regency in 2020, which includes 22 polyclinics. In supporting the implementation of P4K in addition to Puskesmas, hospitals and polyclinics, other health facilities are also needed, such as village ambulances and village blood banks. However, in this case there are still villages that do not have it. Ambulance is only available at the Puskesmas. So it is felt that the availability of village ambulances is still lacking. Likewise for the village blood bank.

Based on the results of research conducted in Pringsewu Regency, it can be seen that there is a significant relationship between the availability of infrastructure and the behavior of pregnant women in P4K in Pringsewu Regency. This is in line with research conducted by Ari Murdianti (2017), which shows that there is a significant relationship between the availability of health infrastructure and the behavior of pregnant women in P4K at Bandar Harjo Health Center, Semarang (p-value 0.035).

From the results of the recapitulation of the questionnaire on the availability of health infrastructure facilities, it was found that the village ambulance and blood donor

questionnaires were still not good, due to the lack of availability of blood banks and village ambulances in each village. Another reason is that pregnant women do not understand the importance of preparing blood donors. Assistance from health workers is needed to motivate pregnant women about the importance of providing blood donors, in anticipation of complications that require blood donors. The availability of facilities and infrastructure such as the lack of availability of village ambulances and blood donors can affect the behavior of pregnant women in P4K, where this can hinder the implementation of P4K, namely when pregnant women cannot get four-wheeled vehicles to help get to the place of delivery, or when four-wheeled vehicles are available but cannot reach the place of delivery, then the implementation of P4K will experience obstacles and make it less well implemented.

Therefore, the better the availability of facilities and infrastructure that support the implementation of P4K, the better the implementation of the program will be. Likewise, when the availability of facilities and infrastructure that supports the implementation of P4K is not good, the implementation of the program will also be less good. So it can be concluded that, when the availability of facilities and infrastructure that support the implementation of P4K is getting better, the behavior of pregnant women will also be better in implementing the program. Likewise, when the availability of facilities and infrastructure that support the implementation of P4K is not good, the behavior of pregnant women will also be less good in implementing the program.

Distance is the gap between two objects or places, namely the distance between the house and the health service. The affordability of the community, including health facilities, will affect the choice of health. Distance is the second component that allows a person to take advantage of health services. Accessibility is one of the factors that play a role in determining health services which are assessed from the distance traveled, and the availability of transportation to reach the location of health services. Access to health services is health services that must be accessible to the community, not hindered by geographical, social, economic, organizational and language conditions. One of them is geographical conditions that can be measured by distance, length of trip, type of transportation or other physical barriers that can prevent a person from getting health services.

The concept of residence distance is one of the factors that influence a person's behavior in carrying out an activity. The farther the distance between the place of residence and the place of activity, the lower a person's motivation in carrying out activities. On the other hand, the closer you live to the place of activity, the more your business can increase. The effect of the distance between residence and place of activity cannot be separated from the amount of costs used and the length of time. The relationship with public awareness of the importance of health is still low, so the distance between their homes and health services affects their behavior.

Based on the Basic Health Research (Riskesdas) in 2018 that the distance to health services is classified as close if the distance is less than 1 kilometer (< 1 km), medium if the distance is 1 to 5 kilometers (1-5 km), and far if the distance is more than 5 kilometers (> 5 km). Based on data on the distribution of health infrastructure, in 2020 there are already Puskesmas in every sub-district in Pringsewu Regency, namely as many as 14 main health centers including 1 Pardasuka, 1 Ambarawa, 2 Pagelaran, 1 North Performance, 2 Pringsewu, 2 Gading Rejo, 1 Sukoharjo, 2 Banyumas, 2 Adiluwih and to be able to reach its working area, the puskesmas has a service network that includes a sub-health center unit (Pustu) 34 Pustu, namely 4 Pardasuka, 3 Ambarawa, 2 Pagelaran, 2 North Performances, 4 Pringsewu, 5 Gadingrejo, 7

Sukoharjo, 4 Banyumas, 3 Adiluwih, and the Mobile Health Center (Pusling) unit, and the village/community Midwife unit. As for hospitals, there are 5 hospitals in Pringsewu Regency spread across Pringsewu District 4 Hospitals and Gading Rejo District 1 Hospital, meanwhile other sub-districts do not have hospitals. Then the spread of polyclinics in Pringsewu Regency in 2020 there are 22 polyclinics, namely 2 Ambarawa, 5 Performances, 6 Pringsewu, 2 Gading Rejo, 3 Sukoharjo, 1 Banyumas and 3 Adiluwih. In this case, the distribution of health facilities can be easily accessed by pregnant women, considering that their existence is already in every sub-district in Pringsewu Regency, it is very possible if health facilities can be easily reached.

Based on the results of research conducted in Pringsewu Regency, it can be seen that there is a significant relationship between distance to health facilities and the behavior of pregnant women in P4K in Pringsewu Regency. This is in line with research conducted by Rizka Mutmainah (2017), which states that there is a relationship between the distance of health facilities and the behavior of pregnant women in P4K (p value 0.004) which means that the farther the distance to health facilities, the more reluctant pregnant women are to use health services in P4K. Meanwhile, research conducted by Nurul Husnul Laili (2017), states that there is no significant relationship between distance to health facilities and the behavior of pregnant women in P4K (p value 0.149).

Health services that are located too far from the area of residence are certainly not easy to reach, so they require transportation to reach health care facilities, if this situation occurs, it will certainly not satisfy the patient, then it is called a quality health service if the service can be achieved by service users. health services. Based on the recapitulation of questionnaire data about the distance to health facilities, there are many pregnant women who live far from health facilities, namely > 1 km, causing pregnant women to behave less well in P4K, namely they rarely do pregnancy checks so that if complications occur it will be difficult to detect early. So that this condition can increase MMR and IMR.

The distance between the house and the close health center can make it easier for pregnant women to access health facilities if the puskesmas can be accessed on foot and if the distance between the house and the puskesmas or poskesdes is far enough, the mother and mother can use transportation facilities that are easily obtained at affordable costs and do not spend time traveling long. On the other hand, some pregnant women who do not use health facilities say that their homes are far from the puskesmas. A pregnant woman who does not want to have her pregnancy checked at the puskesmas is because that person does not or does not know the benefits of prenatal care for the mother and the fetus. But maybe it's also because her house is far from the puskesmas where her pregnancy is checked. In this case, it can be concluded that the closer the distance to health facilities, the better the behavior of pregnant women in using health services in implementing P4K, and vice versa.

Family support (husband) is the attitude, action and acceptance of the family, in this case the husband for the condition of his pregnant wife with all the consequences. A husband's support for his pregnant wife, for example by accompanying his wife to check her pregnancy, reminding his wife to be diligent in checking her pregnancy, and so on. After all, the family, in this case the husband, is the closest person to the pregnant woman. It is believed that the family will always function as the main support, the one who is ready to provide help when needed, especially the husband. There are 4 forms of husband's support that influence the behavior of pregnant women in P4K, namely information support, appreciation support, instrumental support and emotional support.

The forms of husband support that can be provided include information support which includes providing advice, direction, ideas or other information needed related to proper ANC examinations and about planning for childbirth and preventing complications. Then there is a form of appreciation support by giving recognition and attention to the condition of the wife's pregnancy. Furthermore, there is instrumental support, which can be done through taking the wife for a check-up and paying for the ANC examination up to delivery. In addition, emotional support is also needed, which is done through paying attention, listening to complaints, sympathizing and empathizing with the wife's condition.

Based on the results of research conducted in Pringsewu Regency, it can be seen that there is a significant relationship between husband's support and the behavior of pregnant women in P4K in Pringsewu Regency. This is in line with research conducted by Abdi Iswahyudi Yusril (2017), which states that husband's support has a significant relationship with the behavior of pregnant women in the implementation of P4K in Parupuk Tabing Village (p value 0.001). This is also in line with research conducted by Raiani Isyanan Pramasanthi (2016) which states that husband's support has a very significant relationship with compliance in implementing P4K (p value 0.001).

From the results of the husband's support questionnaire recapitulation, it was found that many pregnant women did not receive information support about P4K. This is due to the lack of knowledge and information obtained by husbands about P4K, because health workers do not involve their husbands in implementing P4K. It is necessary to provide counseling to pregnant women and their husbands about P4K so that husbands can provide assistance to pregnant women in the implementation of P4K. So it can be concluded that the higher the husband's support, the better the behavior of pregnant women in implementing P4K. The cause of the high direct husband support is because midwives provide counseling about the importance of husband's support for pregnant women to play an active role in health, namely providing husbands with correct information and participating in every effort to improve health, husbands are partners to achieve better health.

Health worker support is the respondent's response to questions related to the actions taken by the closest health worker related to planning for delivery to prevent complications. Support of health workers in P4K is needed through monitoring of pregnant women as well as for husbands and families to prepare for childbirth and prevent complications in pregnant women. In addition, information support also plays an important role in changing the behavior of pregnant women. Because the source of information is very important in a person's life because it can stimulate a person's mind and will to do something so that the better the source of information obtained, the level of acceptance of a person to the information obtained will be even better. Health workers play an important role as a supporting factor for the success of P4K where there is a positive change in behavior so that mothers check their pregnancy and give birth to health workers and give birth in health facilities.

Based on the results of research conducted in Pringsewu Regency, it can be seen that there is no significant relationship between husband's support and the behavior of pregnant women in P4K in Pringsewu Regency. This is different from the research conducted by Ari Murdianti (2017), which states that there is a significant relationship between the support of health workers and the behavior of pregnant women in the implementation of P4K (p value 0.004). Based on the results of the questionnaire recapitulation, it was found that pregnant women did not receive information support from health workers, so that many pregnant women felt that

P4K was not very useful for their pregnancy and still did not understand well about P4K, so there were still many pregnant women who behaved poorly. The lack of depth of health workers in providing KIE is one of the causes in this case.

Health workers, especially village midwives, as regional supervisors are an important element in providing services. To change people's behavior, in addition to providing health services to the community, they also have a role and function as a change agent, so the knowledge and communication skills of health workers are needed. KIE is a method in health education that can change a person's attitude for the better. The intervention in the form of providing IEC can improve a person's attitude towards something. The respondent's attitude about pregnancy and childbirth is influenced by the respondent's knowledge of the same thing. IEC is defined as a progressive change in a person that affects his knowledge/attitude and behavior as a result of learning and learning. IEC includes the processes that a person goes through in developing abilities and enriching knowledge; This process also helps to change the person's attitude or behavior. The purpose of IEC P4K is to increase respondents' knowledge about pregnancy, the danger signs of pregnancy and childbirth and have a positive attitude, so that they can behave well to prepare for childbirth later.

In this case it can be concluded that the possibility of health workers not doing IEC optimally to the community, especially pregnant women. The support of health workers in carrying out an action will strengthen the occurrence of someone to do as desired by health workers. Changes in behavior can also occur because of community support, support from health promotion practitioners and health educators. It is necessary to conduct training for health workers, especially village midwives in providing KIE to pregnant women and husbands about P4K so that they can motivate pregnant women to behave well in implementing P4K. So that if the mother fully knows about P4K correctly, it will be easier for the mother to apply the positive things obtained, especially regarding delivery planning and prevention of complications.

Based on the results of the analysis, it can be seen that only the attitude variable has a p-value <0.05, which is 0.001 with a B coefficient (1.772) and an OR of 5.881. These results indicate that attitude is the most dominant variable related to the behavior of pregnant women in P4K. The OR value on the attitude variable shows that pregnant women who have a good attitude have 5.881 times the opportunity to behave well in P4K compared to pregnant women who have a bad attitude. Attitude is a reaction or response of someone who is still closed to a stimulus or object. Attitudes cannot be directly seen, but can only be interpreted beforehand from closed behavior. There are several factors that influence a person's attitude, namely personal experience, the influence of other people who are considered important, and culture. In addition, the influence of mass media, educational institutions, religious institutions and emotional factors. Attitude is a product of the socialization process in which a person reacts according to the stimuli he receives and his attitude is not necessarily an active action, but a predisposing act of behavior. (Notoadmodjo, 2017)

This is in line with research conducted by Ari Murdiati (2017) where it was found that there is a relationship between the attitudes of pregnant women and P4K which is supported by L Green's theory which states that attitude is a predisposing factor that influences a person's motivation to behave.

In the implementation of P4K, knowledge of pregnancy and childbirth is programmed so that it affects a person's reaction to a good attitude. Health education helps people take a wise

attitude towards health and quality of life. Education is a method in health education that can change a person's attitude for the better. To increase the mother's positive attitude towards the importance of P4K, it can be through health education, as well as approaches to community leaders, religious organizations, and so on. With the formation of a positive attitude towards the importance of P4K, pregnant women can carry out pregnancy checks on health workers so they can monitor the condition of the mother and fetus so as to prevent possible complications.

CONCLUSIONS

Based on the results of this study regarding the factors related to the behavior of pregnant women in P4K in Pringsewu Regency in 2021, the conclusions of the research are as follows: There is a relationship between knowledge and behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.030. the relationship between attitudes and behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.000. There is a relationship between the availability of infrastructure and the behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.033. There is a relationship between distance to health facilities and the behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.030. There is a relationship between husband's support and the behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.017. There is no relationship between the support of health workers and the behavior of pregnant women in P4K in Pringsewu Regency in 2021 with a p value of 0.912. The most influential factor with the behavior of pregnant women in P4K in Pringsewu Regency in 2021 is Attitude with a p value of 0.001 and OR 5.881 which means that a good attitude of pregnant women in P4K has good behavior in implementing P4K 5.881 times compared to pregnant women who have an attitude not good.

REFERENCES

Alhidayati & Asmulyanti. (2016). Mother's Behavior in Choosing Birth Aid in the Work Area of Tembilahan Hulu Health Center in 2016. Pekanbaru : STIKes Tuah Pekanbaru

Aliyanto, Warjidin & Rosmadewi. (2014). Knowledge of Pregnant Women About Childbirth Planning and Complications Prevention (P4K) Program in Antenatal Care. Lampung: Poltekkes Ministry of Health Tanjung Karang.

Ashar, Hasi, et al. (2018). The Relationship between Maternal Characteristics, Intensity of Pregnancy Check-ups, and Health Service Facilities Received with Compliance Planning for Delivery and Prevention of Complications in Indonesia. Journal of Reproductive Health, 9(1), 2018: 49-57

Ashriyadi, et al. (2017). Implementation of the Maternity Planning and Complications Prevention (P4K) Program in the Coastal Communities of Mamuju Regency. West Sulawesi : Poltekkes Kemenkes Mamuju

August, F., Pembe, A. B., Mpembeni, R., Axemo, P., & Darj, E. (2016). Effectiveness of the Home Based Life Saving Skills training by community health workers on knowledge of danger signs, birth preparedness, complication readiness and facility delivery, among women in Rural Tanzania. BMC Pregnancy and Childbirth, 16(1), 129.

BPS Pringsewu Regency (2021). Pringsewu Regency in Figures 2021/ BPS-Statistics of Pringsewu Regency.

Indonesian Ministry of Health (2015). Guidelines for monitoring local areas of maternal and child health. Jakarta: Indonesian Ministry of Health.

Indonesian Ministry of Health (2015). Guidelines for the Maternity Planning Program and Prevention of Complications with Stickers, MOH RI, Jakarta.

Dwi Jayanti, Putri.(2013). Analysis of the implementation of delivery preparation and complication prevention (P4K) programs by village midwives in Demak Regency. J. midwifery and nursing, Vol. 10 No.2:103-213.

Hasnawati. Mawarni, Atik. Ratna, Lucia. (2014). Implementation of the Maternity Planning and Complications Prevention (P4K) Program by Midwives at the Puskesmas in Ambon City (Study at the Community Health Centers). Semarang : UNDIP Semarang

Herlina, Siskha Maya. (2017). Implementation of P4K (Department Planning and Complications Prevention Program) in Reducing Maternal Mortality Rates at Imogiri Health Center Bantul Yogyakarta. Yogyakarta : Aisyiyah University Yogyakarta

Hidayati, Tutik & Safitri, Maria Ulfah. (2018). The Relationship of Knowledge About P4K (Delivery Planning And Complication Prevention) With The Selection Of Birth Aid. Probolinggo : STIKES Hafshawaty. 2018 Journal of Nursing Publisher : LPPM Dian Husada Mojokerto

Himalayas, Dara & Maryani, Deni. (2020) Implementation of the Childbirth Planning and Complications Prevention (P4K) Program. Bengkulu : Bengkulu University. Volume 8 No. 1 (April 2020) © The Author(s) 2020

Isyana, Riani. (2016). The Relationship between Knowledge of Pregnant Women and Husband's Support with Compliance Implementing a Childbirth Planning and Complications Prevention (P4K) Program in Salatiga City. Surakarta : Sebelas Maret University. JSK, Volume 1 Number 4 Year 2016

Karlina, Novvi, et al. (2019). Factors Related to Mother's Knowledge About P4K Stickers (Department Planning and Complications Prevention Program). Padang : Andalas University. Journal of Midwifery, pISSN 2252-8121, eISSN 2620-4894

Indonesian Ministry of Health. Textbook of Maternal and Child Health. South Jakarta: Center for Education and Training of Health Workers; 2015.

Indonesia Health Profile 2015. www.kemkes.go.id.

Indonesia Health Profile 2018. www.kemkes.go.id

Indonesia Health Profile 2019. www.kemkes.go.id

Pringsewu Regency Health Profile 2020. Lampung: Pringsewu Regency Health Office.

Lampung Province Health Profile 2019. Lampung: Lampung Health Office.

Kurniasari, Lidya. (2019). Analysis of the Implementation of the Delivery Planning and Complications Prevention (P4K) Program at the Simpang Pandan Health Center, Geragai District, East Tanjung Jabung Regency in 2019. Jambi

Lestari, Nur Sri. (2015). Level of Knowledge of Pregnant Women about Delivery Planning and Complication Prevention (P4K) Program at RB An-Nurr Surakarta. Surakarta : STIKes Kusuma Husada

Masruroh, Imas, Anggita, Nauri. (2018) Health Research Methods. Jakarta: Health Human Resources Education Center

Mariani, P., Widarini, P., & Pangkahila, A. (2013). Hambatan dalam implementasi program perencanaan persalinan dan pencegahan komplikasi (P4K) di Kabupaten Badung. Udayana University.

Meti, Diana. (2015). Delivery Planning and Complication Prevention (P4K) By Midwives In Bakauheni. Lampung: Poltekkes Ministry of Health Tanjungkarang.

Montung, Verra Linda, et al. (2016). The Relationship between Knowledge and Behavior of Third Trimester Pregnant Women in Childbirth Preparation. Manado: Health Polytechnic of the Ministry of Health Manado

Mudiarti, Ari. & Patria, Sutopo. (2017). Analysis of Factors Associated with Behavior of Pregnant Women in Planning Childbirth for Complication Prevention in the Work Area of Bandarharjo Health Center Semarang City. Semarang: AKBID Abdi Husada Semarang. Indonesian Journal of Health Promotion Vol. 12 / No. 1 / January 2017

Mujianti, Cicik. (2018). The Role of Midwives in the Implementation of Birth Planning and Complications Prevention (P4K) for Preparation for Delivery of Third Trimester Pregnant Women at the Bulili and Kamonji Health Centers, Palu City. Palu : STIKes Widya Nusantara Palu

Mukharrim, Muh Said, et al. (2018). Implementation of the Maternity Planning and Complications Prevention (P4K) Program Through the Role of Families in Gowa Regency. Makassar : Indonesian Muslim University

Mutia, Rizka. (2017). Factors Associated with the Selection of Birth Aid by Pregnant Women at the Tosiba Health Center, Samaturu District, Kolaka Regency. Kendari: Ministry of Health Poltekkes Kendari

Paunno, Magdalene. (2020). Factors Relating to Childbirth in Health Facilities in the Work Area of the Benteng Health Center. Maluku : Indonesian Christian University.

Rosmiati, et al. (2016). The Role of Midwives in the Implementation of the Childbirth Planning and Complications Prevention (P4K) Program During Pregnancy in Pekalongan City. Semarang: Poltekkes Ministry of Health Semarang

Rosyida, Rizki, et al. (2015). Description of the Behavior of Pregnant Women in the Implementation of the Delivery Planning and Complications Prevention (P4K) Program in the Wonokerto 01 Health Center Work Area, Pekalongan Regency. Pekalongan : AKBID Hope Mother Pekalongan Journal.

Sarli, D., (2018). Factors Influencing the Implementation of the Maternity Planning and Complications Prevention (P4K) Program in Balai Gadang Padang Village. Jik-Journal of Health Sciences, 2(1), pp.114-123.

Sastroasmoro, S and Ismael, S. (2014). Fundamentals of Clinical Research Methodology. 5th edition. Jakarta: Binarupa Aksara

Sokhiyatun, et al. (2013). Implementation of the Maternity Planning and Complications Prevention (P4K) Program From the Aspect of the Village Midwife as Implementer in Jepara Regency. Semarang : Diponegoro University

Solnes Miltenburg, A., Roggeveen, Y., van Elteren, M., Shields, L., Bunders, J., van Roosmalen, J., & Stekelenburg, J. (2013). A protocol for a systematic review of birth preparedness and complication readiness programs. Systematic Reviews, 2(1), 11.

Sugiyono. (2015). Quantitative, Qualitative and R&D Research Methodology. Bandung: Alphabeta

Wow, Goddess. (2015). Theory of Measurement of Knowledge, Attitudes and Human Behavior. Yogyakarta : Nuha Medika.

Werdiyanthi, Ni Made, et al. (2017). The Relationship between the Implementation of the Delivery Planning Program and the Prevention of Pregnancy Complications by Pregnant Women with Pregnancy Complications at the Doloduo Public Health Center, Kab. Bolaang Mongondow. Manado: Sam Ratulangi University. E-Journal of Nursing (EKP) Volome 5 Number 1 February 2017

WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. (2019). Trends in Maternal Mortality : 2000 to 2017. Geneva : World Health Organization. Apps.who.int/news-room/fact-sheets/detail/maternal-mortality

World Health Organization. (2016). Trends in Maternal Mortality 1990 to 2015. Apps.who.int/iris/9789241565141_eng

Yasril, Abdi Iswahyudi & Rahmadani, Widya. (2019). Factors Related to P4K with Childbirth Readiness in Parupuk Tabing Village. Padang : STIKes Fort De Kock Bukittinggi

Yuliastuti, Erni, et al. (2015). Knowledge and Attitudes of Pregnant Women Towards Delivery Aid Planning and Complication Prevention (P4K). Banjarmasin : Poltekkes Kemenkes Banjarmasin. Health Vocational Journal, Volume I Number 5 September 2015, p. 142 – 145