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PREMARITAL CLASS AND PREGNANCY PLANNING DOCUMENTATION PRACTICE

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ABSTRACT

It is estimated that 15% of pregnancy that initially predicted as normal pregnancy will develop into high-risk pregnancy or suffer from obstetric complication than can endanger the life of the mother and fetus. Around 30-35% of maternal mortality is caused by hemorrhaging, which commonly caused by anemia. The number of anemia incidence in Kabupaten Sleman is 20%, where 40% of expectant mothers with anemia are primigravida. With the increasing incidence of anemia, prevention effort becomes necessary and one way to do it is through promoting health during preconception care. Premarital class is one of the alternatives of health promotion during preconception care. This research aimed to analyze the influence of premarital class to pregnancy planning documentation practice in bride and groom-to-be in Puskesmas Kabupaten Sleman in 2014. This was a quasi-experimental research with control group design. The population was brides and grooms in Kabupaten Sleman in 2014. Samples were collected through simple random sampling. The experiment group in this research was all brides who visited Puskesmas Berbah, Puskesmas Kalasan, and Puskesman Sleman. Subjects for control group were found in Puskesmas Mlati II, Puskesmas Depok I, and Puskesmas Minggir. The inclusion criteria was all brides and grooms-to-be who were about to get married for the first time and elementary school. The inclusion criteria was heatlh provider. There were 36 samples from experiment group and 36 samples from control group. The independent variable in this research was premarital class, while the dependent variable was pregnancy planning documentation practice. The intervention was in the form of premarital class 1 X 180 minutes for experimental group and daily midwifery individual counseling for control group, while questionnaires served as research instrument. Questionnaire testing was conducted in Puskesmas Sayegan, Puskesmas Tempel I, and Puskesmas Gamping I to 12 couples in each puskesmas. The intervention was provided by midwives in the puskesmas through premarital class for experiment group and individual counseling for control group. The data was then analyzed with T Test with 5% significance level (p=0.05).

Most of the brides in premarital class group and individual counseling group were between the age of 20-30 with secondary school background. Average scores for pregnancy planning documentation practice before and after premarital class were 61.0 and 75.4 respectively, which indicated that there was 13.8 increase. Meanwhile, the average scores before and after individual counseling were 58.0 and 65.8 respectively, which indicated that there was 7.8 increase. t = -0.5 and P value 0.000 < 0.05. There was difference in pregnancy planning documentation practice between premarital class group and individual counseling group.

There is an influence of the premarital classes against the increasing of average practice of pregnancy planning documentation.

Keywords: premarital class, pregnancy planning documentation practice, bride-to-be

INTRODUCTION

Pregnancy is something that most of married couples are looking forward to. They excitedly welcome pregnancy even if some of them have to accept the fact that not all pregnancy can proceed normally. It is estimated that 15% of pregnancy that initially seems

to be normal will develop into high risk pregnancy and suffer from obstetric complication that can threaten both the mother and the fetus.[1]

Based on survey Demografi Kesehatan Indonesia (SDKI) or Indonesian Health Demographic Survey in 2012, the rate of Angka Kematian Ibu (AKI) or Maternal Mortality Rate (MMR) is 307 in every 100,000 live birth.[2] In the Province of Yogyakarta (DIY), the rate is 87.3 in every 100,000 live birth. According to the data in the province, 47% of the cases are caused by complication during labor.[3]

The most common causes for maternal mortality are hemorrhaging (30-35%), infection (20-25%), preeclampsia (15-17%), and worsening illness due to pregnancy and labor (5%). One of the causes of hemorrhaging is anemia.[4,5] Based on the annual report in KabupatenSleman in 2012, anemia incident occurred in 20% of the pregnancy.[6] According to the initial study in PuskesmasKalasan, KabupatenSleman, on December 2013, 40% or four out of 10 pregnant women with anemia were primigravida.

The fifth global target on MDGs is improving maternal health. Government policy in Rencana Pembangunan JangkaMenengahNasional (RPJMN) or National Medium Term Development Plan 2010-2015 states that family planning policy is aimed at controlling population growth as well as improving the quality of small family. These targets can be achieved through improving the quality of teenagers' reproduction health in order to prepare them for family life as well as maturing marital age through educating about teenagers' reproduction health, strengthening government and social institution which provide reproduction health service for teenagers, and also providing individual counseling about teenagers' issues.[7]

Midwives, as one of health workers, are responsible for providing pre-conception care. According to Permenkes No.369/2007 about Midwives Profession Standard, one of the competences of midwives included in the second point is to deliver high quality care, health education with cultural awareness, and comprehensive services in the community in order to improve family health, pregnancy planning, and readiness to become parents.[8]

Planning the pregnancy is an important task for husband and wife which requires mental, physical, and financial preparedness. Trom et al. stated that pregnancy at an older age increased the risk of spontaneous conception, assisted birth, complication, and high cost health care.[9]

Premarital class is one way to learn together about maternal health in the form of group meeting which is aimed at increasing the knowledge and skill of women about conception age, pregnancy preparation, and prenatal care.

In the recent years, counseling for brides and grooms-to-be is mostly provided at Puskesmas through individual consultation when they request for TT shot as one of the requirements to register their marriage at the Office for Religious Affair or civil registry. This requirement is especially important if the bride is already pregnant or if she is younger than 19-year old. Even though this kind of counseling is important, there are several drawbacks: (1) The counseling is limited to the health problems that arise during consultation. Couples that do not experience problems often do not seek consultation. (2) The counseling is not well-coordinated so that the knowledge only comes from the health workers. (3) The counseling is not well-scheduled and continuous. (4) Overworked health workers are not able to provide thorough consultation.[10]

One way to overcome these difficulties is through planned premarital class. The activities can include classes about maternal health than can be conducted through group discussion

where participants and health workers can share experience. Several benefits of premarital class are (1) A well-planned and comprehensive material based on the premarital guide book which consists of conception age, prenatal preparation, and prenatal care, (2) The delivery of the material is more thorough because health workers have better preparation, (3) The delivery of the material is more efficient because it is well structured, (4) There is interaction between health workers and brides-to-be, (5) Routine and continuous discussion. Through premarital class, it is expected the behavior and skill regarding pregnancy planning will improve.

Education through premarital class will develop awareness which eventually will influence the bride to practice what she has learned about reproduction health. The learning can come from internal mediatory process in the form of attention, understanding, acceptance, and retention in teenage years which in time can alter the behavior through willingness, identification, and internalization to act according what has been learned before. (Ajzen, 2005)[11,12]

With the increasing incidence of anemia, it is necessary to promote prevention effort during preconception care. One alternative is through premarital class. The purpose of this research was to learn how premarital class influenced pregnancy planning practice.

RESEARCH METHOD

This was a quasi experimental research with pre-post test with control group design. Before and after threatment, the subjects do questionare.. The population in this research was the in the area of Puskesmas Kabupaten Sleman. The subjects were brides who visited puskesmas in Kabupaten Sleman, Yogyakarta, from October to November 2014. Samples were collected through simple random sampling. There are 25 puskesmas in Kabupaten Sleman were randomly selected (randomly assigned). Nine puskesmas, which consisted of three puskesmas for validity test, three puskesmas for experiment group, and three puskesmas for control group. The experiment group in this research was all the brides-to-be who visited Puskesmas Berbah, Puskesmas Kalasan, and Puskesmas Sleman. The subjects of control group were located in Puskesmas Mlati II, PuskesmasDepok I, and Puskesmas Minggir. Inclution criteria for the subjects exsperimen group and control group was all brides and grooms-to-be who were about to get married for the first time elementary school. Exclution criteria for the subjects exsperimen group and control group was health provider. The Post Test was 30 menit after treatmen. The research was conducted from September to November 2014 in nine puskesmas in KabupatenSleman, Yogyakarta, which were selected randomly. Experiment groups were in Puskesmas Berbah, Puskesmas Kalasan, and Puskesmas Sleman. Control groups were in PuskesmasMlati II, PuskesmasDepok I, and Puskesmas Minggir. The intervention in experiment groups was in the form of premarital class, while in the control groups was in the form of individual counseling by midwives from puskesmas. Questionnaire testing was conducted in Puskesmas Sayegan, PuskesmasTempel I, and Puskesmas Gamping I. The variables of the research consisted of independent variable, in this case the premarital class, and dependent variable, in this case the practice of pregnancy planning. The data was analyzed with T test with confidence level $\alpha=0.05$ and Confidence Interval (CI) 95%.

RESEARCH RESULT AND ANALYSIS

Characteristics of Respondents

Table 1.

Distribution of groom-to-be in premarital class and individual counseling group

Age characteristic	Premarital class		Individual counseling		P value
	N	%	N	%	
>20 years old	10	27.7	8	22.2	0.58
20-35 years old	26	72.3	28	77.8	
Total	36	100.0	36	100.0	
Education	N	%	N	%	
Elementary school	5	13.8	2	0.5	0.478
Secondary school	20	55.6	21	58.3	
High school	11	30.6	13	36.2	
Total	36	100.0	36	100.0	

Based on the information in table 1, most of the brides who participated in premarital class and individual counseling were within 20 to 35 years of age with P value 0.58 > 0.05, which indicated that the age characteristic of both groups was homogenous. Based on education level, most brides came from secondary scool background, with P value 0.478 > 0.05, which indicated that the educational background characteristic in both groups was also homogenous.

This is parallel to the theory which states that a healthy reproduction age for women is between 20-35 years of age. In his research, Trompet al. (2011) wrote that the risk of spontaneous conception and high-risk labor that could lead to assisted birth, complication, as well as high-cost health care costwould decrease if the expectant mothers were older.[9]

Average of pregnancy planning documentation practice

Table 2.

Average pregnancy planning documentation practice by the subject before and after treatment

Pregnancy planning documentation practice	Premarital class		Individual counseling	
	X	SD	X	SD
Pre test	61.6	19.2	58.0	18.5
Post test	75.4	19.3	65.8	20.6

From table 2, it is clear that in average there was an increase in the documentation practice of pregnancy planning after premarital class or individual counseling.

The difference in average pregnancy planning practice before and after premarital class

Table 3.

The difference in average pretest and post test pregnancy planning documentation practice by the brides in the premarital class group

Pregnancy planning documentation practice	X	SD	T	P value	95% CI
Pre test	61.6	19.2	-7.43	0.000	-17.7- 10.8
Post test	75.4	19.3			

Table 3 shows that on the brides who were provided with story books, the average pretest and post test were 61.6 and 75.4 respectively, with p value 0.000 < 0.05. This indicated that there was a difference in average pregnancy planning documentation practice before and after premarital class.

The difference in average pregnancy planning practice before and after individual counseling

Table 4.

The difference in average pretest and post test pregnancy planning documentation practice by the bride in individual counseling group

The level of pregnancy planning documentation practice	X	SD	T	P value	95% CI
Pre test	58,0	18,5	-5,7	.0000	-10,6-,-5,1
Post test	65,8	20,6			

Table 4 showed that on the brides who received individual counseling, the average pretest and post test were 58.0 and 65.8 respectively, with p value 0.000 < 0.05. This indicated that there was a difference in average pregnancy planning documentation practice before and after individual counseling.

The difference in average increase of pregnancy planning documentation practice

Table 5.

The difference in average increase of pregnancy planning documentation practice of the brides

Group	Increase	Δmean	T	P value	95% CI
Premarital class	13,8	6	-5,0	0,000	-10—5
Individual counseling	7,8				

Table 5 showed 13.8 increase regarding pregnancy planning documentation practice in premarital class group while individual counseling showed 7.8 increase, with p value 0.000 > 0.05. This indicated that there was a difference in average between premarital class group and individual counseling group. Thus, it can be concluded that providing premarital class can influence pregnancy planning documentation practice.

Premarital class is about providing information about health through couples group. In the recent years, counseling for brides and grooms-to-be is usually provided through individual counseling when the couples ask for TT shot as one requirement to register their marriage to the Office of Religious Affairs or civil registry. This is particularly important if there are issues, such as the bride is already pregnant or if she is under 19 years of age. While this kind of counseling is beneficial, there are several drawbacks. Some of them are: (1) The counseling is limited to the health problems that arise during consultation. Couples that do not experience problems often do not seek consultation. (2) The counseling is not well-coordinated so that the knowledge only comes from the health workers. (3) The counseling is not well-scheduled and continuous. (4) Overworked health workers are not able to provide thorough consultation.[10] Pregnancy planning is defined as behavior that centralized around the issue of conception, including sexual behavior (proceptive or contraceptive) and time.[13]

Morin et al. also stated that pregnancy planning became an important issue in preconception health care. Six steps from Walker and concept analysis procedure from Avant consist of three significant components: attitude, time, and sexual behavior. Pregnancy planning is defined as behavior that centralized around the issue of conception, including sexual behavior (proceptive or contraceptive) and time.[13]

Lachance-Grzela and Bouchard stated that pregnancy planning would contribute to the parents' future and that prosperity was only possible if the parents were married. Marriage would bring more benefit compared to cohabitation, but only if they had planned the pregnancy well.[14]

Carson et all stated In unadjusted analyses, the scores on all scales in children from unplanned pregnancies were significantly lower than in those from planned pregnancies.

CONCLUSION

Most of the brides in premarital class group and individual counseling group were between the age of 20-30 with secondary school background. Average scores for pregnancy planning practice before and after premarital class were 61.0 and 75.4 respectively, which indicated that there was 13.8 increase. Meanwhile, the average scores before and after individual counseling were 58.0 and 65.8 respectively, which indicated that there was 7.8 increase. There was a difference in pregnancy planning practice between premarital class group and individual counseling group. So, there is an influence of the premarital classes against the increasing of average practice of pregnancy planning documentation.

RECOMMENDATION

Premarital class that is provided at puskemas is one of alternative methods to promote health during premarital time more effectively, considering the limited number of midwives as well as time to educate the brides and grooms. It is advisable for the couples to participate thoroughly when they are invited to premarital class.

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