

## Analysis of Maternal Care During the Public Time in Padang Sari Village, High District Raja Asahan District

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### ARTICLE INFO

#### Article history:

Received Sep 22, 2022

Revised Oct 11, 2022

Accepted Oct 23, 2022

#### Keywords:

Knowledge  
Parity  
Place for Pregnancy Health  
Checkup  
Family Support  
Postpartum Care

### ABSTRACT

The puerperium or puerperium begins 2 hours after the birth of the placenta until 6 weeks (42 days) after that. The purpose of this study was to analyze maternal care during the postpartum period in Padang Sari Village, Tinggi Raja District, Asahan Regency. This type of research uses Mix Methods with the Sequential Explanatory method. The population is 251 people, the sample is 71 respondents, while the qualitative informants are 2 postpartum women, 2 people who care for postpartum women, and 1 health worker. Quantitative data analysis with univariate, bivariate and multivariate analysis. Qualitative data analysis includes reduction, display and conclusion drawing/verification. Based on the chi-square test, the results of the variable education level  $p = 0.007$ , employment status  $p = 0.000$ , knowledge  $p = 0.000$ , parity  $p = 0.046$ , health check up place during pregnancy  $p = 0.032$ , family support  $p = 0.537$ . Qualitatively, it was obtained data that in addition to carrying out postpartum care according to health rules, postpartum mothers also carried out traditional postpartum care. The conclusion in this study is that there is a relationship between education level, employment status, knowledge, parity, and place of health check during pregnancy with maternal care during the postpartum period in Padang Sari Village, Tinggi Raja District, Asahan Regency in 2021. It is recommended that health workers should make extra efforts conduct approaches, education, and health education related to postpartum care to avoid adverse postpartum care practices.

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## INTRODUCTION

The puerperium or puerperium begins 2 hours after the birth of the placenta until 6 weeks (42 days) after that (Prawirohardjo et al. 2016). The postpartum period is a critical period for mothers, it is estimated that 60% of maternal deaths due to pregnancy occur in the first 24 hours after delivery. In addition, the postpartum period is also a critical period for infants, because two thirds of infant deaths occur within 4 weeks of delivery and 60% of newborn deaths occur within 7 days after birth (Abdul Bari Saefudin, George Andrianz 2002).

The postpartum period includes a critical transition period for the mother, baby, and their families physiologically, emotionally and socially. In both developed and developing countries, the main concern for mothers and babies is too much focused on the period of pregnancy and childbirth, while the actual situation is the opposite, because the risk of maternal and infant morbidity and mortality is more common in the postpartum period (Reiza 2018)

The postpartum period is a vulnerable period for the survival of the mother because during the postpartum period complications can occur, either directly or indirectly, resulting in maternal death (Anggraini 2015). Data show that a quarter of women of reproductive age in developing countries experience pain related to pregnancy, childbirth, and the puerperium. Every year complications of childbirth cause the death of women in the world, the death of one week old babies and stillbirths. The social and economic impact of this incident can be ascertained to be very large, both for families, communities, and the number of workers in a country (Aeni 2013).

In addition to the vulnerable period, the postpartum period is also a special period in the lives of mothers and babies. For mothers who experience childbirth for the first time, mothers are aware of the occurrence of very significant life changes during their lives. This situation is characterized by emotional changes, dramatic physical changes, family relationships and rules and adjustments to new rules. This includes the change from a woman to a mother in addition to the postpartum period, which may be a period of social or individual change and adjustment (Prawirohardjo et al. 2016).

From the results of a preliminary study conducted in Padang Sari Village, Tinggi Raja District, Asahan Regency, it was found that from 3 postpartum mothers, all of them still carried out traditional postpartum care. The three postpartum mothers still adopt the perception of foods that are taboo for postpartum mothers in the form of abstaining from eating fish, eggs, meat, shrimp, and various other types of seafood, arguing that these types of foods can cause the baby's umbilical cord and birth canal scars. get wet and rotten. For this reason, postpartum mothers are only allowed to eat tempeh, fried round noodles, and boiled vegetables. The three postpartum mothers are also still doing wowongan treatment, namely treatment by dripping with water from the ends of the hair every time you finish shampooing (washing your hair) on both eyeballs, they say wowongan treatment is done so that the eyes do not get damaged quickly. The three postpartum mothers are still drinking the herbal medicine, drinking packaged herbal medicine. Two postpartum mothers still do vaginal irrigation with boiled water of betel leaf, and the other person adds it with lemongrass leaves. The three postpartum mothers are still wearing param and pilis, wearing octopus, also doing treatment with massage.

## RESEARCH METHOD

This type of research uses mixed methods research. The approach used in this quantitative study is a cross sectional approach, while the approach used in this qualitative research is a phenomenological approach. Combined research method (mix methods) is a research method that combines or combines quantitative methods with qualitative methods to be used together in a research activity, in order to obtain more comprehensive, valid, reliable and objective data (Jhon 2016).

The strategy method that will be used is a sequential explanatory strategy. In this study, qualitative research data complement quantitative data. This research strategy begins with the collection and analysis of quantitative data which is then followed by the collection and analysis of qualitative data which is built on the results of the quantitative. This strategy prioritizes on quantitative data. The research process in this strategy occurs when the initial quantitative results inform the qualitative collection process, so these two types of data are separate, but still related (Jhon 2016).

The method of data collection was carried out by in-depth interviews with informants using interview guidelines. The interviews were recorded using a tape recorder, then the recordings were written down in the form of a transcript. Validity test. Validity test is a test used to show the extent to which the measuring instrument used in measuring something is being measured. The validity test aims to determine the extent to which a measure or value indicates the level of reliability or error of a measuring instrument. Validity test by measuring the correlation between variables or items with a total score of variables using the Pearson product moment (r) correlation formula, provided that if the value of  $r\text{-count} > r\text{-table}$  (0.361), then it is declared valid and vice versa (Muhammad 2015). The validity test was carried out in the Middle Canal Village, Tinggi Raja District, Asahan Regency. Furthermore, it can be seen in the following table: Univariate Analysis. Univariate analysis is an analysis that focuses on the description or description of the data that has been obtained. Describing the frequency distribution of each independent variable and dependent variable, so that the research variables can be described. Bivariate Analysis. This analysis aims to see the relationship between the dependent variable and the independent variable. The test used in this bivariate analysis is the Chi-square test ( $\chi^2$ ) using a 95% confidence degree. Chi-Square test can be used to see the relationship. In this test the significance of the relationship can be known, basically the Chi-square test is used to see between the observed frequency (observed) and the expected frequency (expected). Multivariate Analysis. Multivariate analysis aims for further analysis of bivariate analysis which is intended to identify independent variables that have an influence on the dependent variable provided that the probability value of the variable in the bivariate analysis 0.25, and the variable.

## RESULT AND DISCUSSION

### Results

**Table 1.** Frequency Distribution Based on Education Level in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Level of education	Amount	
		f	%
1	Intermediate	62	87.32
2	Tall	9	12.68
<b>Amount</b>		<b>71</b>	<b>100</b>

Based on Table 1 above, it shows that from 71 respondents, 62 respondents (87.32%) with secondary education level, and 9 respondents (12.68%) with higher education level.

**Table 2.** Frequency Distribution Based on Employment Status in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Job status	Amount	
		f	%
1	Working	19	26.76
2	Doesn't work	52	73.24
<b>Amount</b>		<b>71</b>	<b>100</b>

Based on Table 4.2 above, it shows that of the 71 respondents, data was obtained from 19 respondents (26.76%) with working status, 52 respondents (73.24%) with no work status.

**Table 3.** Frequency Distribution of Respondents by Place of Health Services During Pregnancy in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Health Care Centers During Pregnancy	Amount	
		f	%
1	Government-owned service facilities	19	26.76
2	Four private practice	52	73.24
<b>Amount</b>		<b>71</b>	<b>100</b>

Based on Table 4.6 above, it shows that from 71 respondents, data was obtained that 19 respondents (26.76%) chose a health service place during their pregnancy at a government-owned service facility, and 52 respondents (73.24%) chose a health service place during their pregnancy in private practice.

**Table 4.** Frequency Distribution Based on Knowledge in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Knowledge	Amount	
		f	%
1	Enough	43	60.56
2	Well	28	39.44
<b>Amount</b>		<b>71</b>	<b>100</b>

Based on table 4.5 above, it shows that from 71 respondents, 43 respondents (60.56%) had sufficient knowledge, and 28 respondents (39.44%).

**Table 5.** Frequency Distribution of Respondents Based on Family Support in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Family support	Amount	
		f	%
1	Support	69	97.18
2	Does not support	2	2.82
<b>Amount</b>		<b>71</b>	<b>100</b>

Based on table 4.8 above, it shows that out of 71 respondents, there were 69 respondents (97.18%) who received family support, and 2 respondents (2.82%) did not receive family support.

### Bivariate Analysis

**Table 6.** The Relationship between Education Level and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Education	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Intermediate	44	61.97	18	25.35	62	87.32	0.007
2	Tall	2	2.82	7	9.86	9	12.68	
<b>Total</b>		<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.10 above, it shows that of the 71 respondents there are 44 respondents (61.97%) with a secondary education level who carry out postpartum care in the sufficient category, and 18 respondents (25.35%) perform postpartum care in the good category. Of the 71 respondents there were 2 respondents (2.82%) with a higher education level who carried out postpartum care in the sufficient category, and 7 respondents (9.86%) carried out postpartum care in the good category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.007 (<0.05)$ , it can be concluded that there is a relationship between education level and maternal care during the postpartum period.

**Table 7.** Relationship between Occupational Status and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency.

No	Job status	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Working	5	7.04	14	19.72	19	26.76	0.000
2	Doesn't work	41	57.75	11	15.49	52	73.24	
	<b>Total</b>	<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.11 above, it shows that of the 71 respondents there are 5 respondents (7.04%) with working status doing postpartum care in the sufficient category and 14 respondents (19.72%) doing postpartum care in the good category. Of the 71 respondents, there were 41 respondents (57.75%) with the status of not working to provide care during the postpartum period in the sufficient category, and 11 respondents (15.49%) in the good category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.000 (<0.05)$ , it can be concluded that there is a relationship between work status and maternal care during the postpartum period.

**Table 8.** Relationship between Knowledge and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency.

No	Knowledge	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Enough	43	60.56	0	0	43	60.56	0.000
2	Well	3	4.23	25	35.21	28	39.44	
	<b>Total</b>	<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.12 above, it shows that of the 71 respondents there are 43 respondents (60.56%) with sufficient knowledge to carry out postpartum care in the sufficient category, and there are no respondents with sufficient knowledge level who perform mass nursing care in the good category. Of the 71 respondents, there were 3 respondents (4.23%) with good knowledge of postnatal care in the sufficient category, and 25 respondents (35.21%) with good category of postpartum care. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.000 (<0.05)$ , it can be concluded that there is a relationship between the level of knowledge and maternal care during the postpartum period.

**Table 9.** The relationship between parity and maternal care during the postpartum period in Padang Sari Village, Tinggi Raja District, Asahan Regency.

No	parity	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Primipara	11	15.49	1	1.41	12	16.9	0.046
2	Multipara	35	49.30	24	33.80	59	83.1	
	<b>Total</b>	<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.13 above, it shows that of the 71 respondents there were 11 respondents (15.49%) with primiparous parity who did postpartum care in the sufficient category, and 1 respondent (1.41%) did the postpartum care in the good category. Of the 71 respondents there were 35 respondents (49.30%) with multiparity parity who did postpartum care in the sufficient category, and 24 respondents (33.80%) did the postpartum care in the good category. From the results of

statistical tests, Chi-square obtained a significance value of  $p = 0.046$  ( $<0.05$ ), it can be concluded that there is a relationship between parity and maternal care during the puerperium.

**Table 9.** Connection Place for Health Checkup During Pregnancy with Maternal Care During the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Place for Health Checkup During Pregnancy	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Government Owned Facilities	8	11.27	11	15.49	19	26.76	0.032
2	Private Practice	38	53.52	14	19.72	52	73.24	
<b>Total</b>		<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.14 above, it shows that of the 71 respondents there are 8 respondents (11.26%) whose health checks during pregnancy are in government-owned facilities that provide postnatal care in sufficient category, and 11 respondents (15.49%) perform postnatal care. postpartum period with good category. Of the 71 respondents, there were 38 respondents (53.52%) whose health check-up during pregnancy in a private practice provided adequate postpartum care, and 14 respondents (29.72%) gave good postpartum care. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.032$  ( $<0.05$ ), it can be concluded that there is a relationship between health check-up places during pregnancy and maternal care during the puerperium.

**Table 10.** Relationship between family support and maternal care during the postpartum period in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Family support	Maternal Care During the Postpartum Period				Amount		P Value
		Enough		Well		f	%	
		f	%	f	%			
1	Support	44	61.97	25	35.21	69	97.18	0.537
2	Does not support	2	2.82	0	0	2	2.82	
<b>Total</b>		<b>46</b>	<b>64.79</b>	<b>25</b>	<b>35.21</b>	<b>71</b>	<b>100</b>	

Based on table 4.15 above, it shows that of the 71 respondents there are 44 respondents (61.97%) who received family support in providing adequate postpartum care, and 25 respondents (35.21%) in good category. Of the 71 respondents who did not receive family support, there were 2 respondents (2.82%) who performed postnatal care in the sufficient category, and there were no respondents who performed postpartum care in either category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.537$  ( $<0.05$ ), it can be concluded that there is no relationship between family support and maternal care during the postpartum period.

### Analysis Multivariate Candidate Selection

In this step we will select which independent variables are eligible for multivariate testing. Where feasible is the one that has a significant level (sig.) or p value  $< 0.25$  with the "Enter" method in logistic regression. That is by doing one by one logistic regression between each independent variable on the dependent variable.

**Table 11.** Analysis Affecting Maternal Care During the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Sub Variable	p Value
1	Level of education	0.007
2	Job status	0.000

3	Knowledge	0.000
4	parity	0.046
5	Health Care Centers During Pregnancy	0.032

The results of the analysis showed that the p value of the variables of education level (0.007), employment status (0.000), knowledge (0.000), parity (0.046), and place of health care during pregnancy (0.032) entered the multivariate test because the p-value was  $<0, 25$ . The next step is to include all variables that have passed the candidate selection in the first stage logistic regression.

### First Stage Logistics Regression Test

The variables tested in this first stage of logistic regression are all independent variables that have been stated to be sig  $< 0.25$  in the bivariate analysis, namely education level, knowledge, parity, place of health care during pregnancy, and family support. The results of the analysis of variables with the first stage of the logistic regression test can be seen in the following table:

**Table 12.** Analysis Affecting Maternal Care During the Postpartum Period according to Javanese Culture in Padang Sari Village, Tinggi Raja District, Asahan Regency

No	Research variable	df	Sig.	Exp (B)	95% CI for EXP (B)	
					Lower	Upper
1	Level of education	1	0.997	24889676,757	0.000	-
2	Job status		0.997	0.000	0.000	-
3	Knowledge	1	0.995	0.000	0.000	-
4	parity	1	0.999	478619,278	0.000	-
5	Health Care Centers During Pregnancy	1	0.997	50489207,946	0.000	-
	Constant	1	0.423	2,000		

From the analysis of the research results, it is known that all variables are significant. These variables include the level of education variable obtained by the value of sig. 0.997, work status obtained sig. 0.997, knowledge obtained sig value. 0.995, parity value obtained sig. 0.999, and the place of health care during pregnancy obtained a sig. 0.997. However, none of the variables has a sig value.  $<0.25$  so there is no need to do the second stage of logistic regression test.

## Discussion

### The Relationship between Education Level and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

Based on table 4.10 shows that of the 71 respondents there are 44 respondents (62%) with a secondary education level doing postpartum care in the adequate category, and 18 respondents (25%) doing postpartum care in the good category. Of the 71 respondents, there were 2 respondents (3%) with a high level of education who carried out postpartum care in the sufficient category, and 7 respondents (10%) carried out postpartum care in the good category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.007 (<0.05)$ , it can be concluded that there is a relationship between education level and maternal care during the postpartum period.

The results of this study are in accordance with Satukhilmiah who said that based on the Chi-square test there is a relationship between education and postpartum care ( $p$  value = 0.001). Mothers with low education were found to have poor postpartum care, on the contrary, mothers with higher education did good postpartum care. (Satukhilmiah and Indrawati 2013).

The results of another relevant study related to postpartum care were carried out by Aded Pratiwi Prisma (2019), with the results of the study, there was a relationship between maternal education and postpartum mother's vitamin A consumption ( $p = 0.028$ ) (Prisma 2019).

Different research results were stated by Khasanah, et al. Based on the Chi-square test, it shows that there is no significant relationship between maternal education and postpartum care practices in Ngraji Village, the working area of Purwodadi II Health Center. According to the assumption of Khasanah, et al, the results of the study are stated to be unrelated because the education taken by postpartum mothers is formal education. However, in his research, on average, postpartum mothers are multiparous mothers who have previously had children, so it can be said that previously they have had experience with postpartum care practices so that their education is not related to their postpartum care practices and it can be said that experience is more related when compared to postnatal care. with education (Kasanah, Pradigdo, and Nugroho 2019).

Other different results were found by Akhenan in his research which said that there was no relationship between education and postpartum care with the Chi-square test results obtained  $p$  value = 0.829 (Akhenan and Puspitasari 2011).

Education provides certain values for humans, especially in opening their minds and accepting new things and also how to think scientifically. In other words, people with low education will experience obstacles in accepting and digesting new ideas or ideas. While highly educated people have high motivation to do things that are rational.

According to Lawrence Green in Notoatmodjo, education is a predisposing factor that is quite important in influencing a person's behavior. A person's education is very influential on individual behavior in making every decision and attitude which is always guided by what they get through the learning process and the experience they receive. (Notoatmodjo 2010). According to Langefielt in Walgito, the higher the level of education, the wider the person's perspective on everything in people's lives. The more mature a person is, the more rational his attitude towards something he considers useful will be (Walgito 2010).

#### **Relationship between Occupational Status and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency**

Based on table shows that of the 71 respondents there are 5 respondents (7%) with working status doing postpartum care in the sufficient category and 14 respondents (20%) doing postpartum care in good category. Of the 71 respondents, there were 41 respondents (58%) with the status of not working in the adequate category for postpartum care, and 11 respondents (15%) with good postpartum care. From the results of the Chi-square test, the significance value of  $p = 0.000$  ( $<0.05$ ), it can be concluded that there is a relationship between work status and maternal care during the postpartum period.

Another study related to postpartum care carried out at Roemani Muhammadiyah Hospital Semarang proposed by Nurjannah, et al (2017), based on statistical analysis tests using Pearson Chi-square obtained  $p$  value  $> 0.05$  ( $p = 0.218$ ) so that it can be it was concluded that there was no significant relationship between work and the external behavior of postpartum mothers in preventing infection of the perineal wound.

The results of the study showed that the majority of respondents who performed postpartum care in both categories were working. This is relevant to what the experts say. Among them, according to Notoatmodjo (2007), someone who works will have a wider knowledge than someone who does not work because by working someone will have a lot of information and experience. And according to Arikunto (2002), which states that a person's job compatibility will lead to satisfaction and curiosity about something. Women who work have more knowledge than women who do not work.

Qualitatively, it is known that informant 1 is a mother who works as a teacher at a public elementary school and informant 2 is a mother who does not work, namely as a housewife.

According to the researcher's assumptions, the majority of postpartum care in the good category are carried out by respondents with working status, this is related to the social environment of working mothers. Working mothers have a greater potential to socialize with many people with various educational backgrounds, knowledge, experience, and social status, so that the information obtained is very diverse compared to women who do not work. This gradually has an impact on increasing the knowledge, mindset and insight of mothers about various things, and in this case knowledge and insight about postpartum care.

#### **Relationship between Knowledge and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency**

Based on table 4.12 above, it shows that of the 71 respondents there are 43 respondents (61%) with sufficient knowledge to carry out postpartum care in the sufficient category, and there are no respondents with sufficient knowledge level who perform mass nursing care in the good category. Of the 71 respondents, there were 3 respondents (4%) with good knowledge of postnatal care in sufficient category, and 25 respondents (35%) with good category of postpartum care. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.000 (<0.05)$ , it can be concluded that there is a relationship between the level of knowledge and maternal care during the postpartum period.

The results of this study are in line with the results of research proposed by Eldawati S, whose research results show a relationship between knowledge of postpartum mothers about postpartum care and postpartum care practices, it is obtained that the percentage of 53 total respondents who have a good level of education, almost two thirds have good practice. good postpartum care (63.6%), while for respondents who have a poor level of knowledge almost three quarters have poor postpartum care practices (71.0%), and the results of statistical tests using the continuity method and a significance level of 5 % obtained  $p$  value = 0.026 ( $p$  value  $<0.05$ ), which means that there is a significant relationship between knowledge of postpartum mothers and postpartum care practices (Eldawati 2017).

This research is relevant to the research conducted by Nova Arami (2020). In this study, a  $p$ -value of 0.000 ( $p < 0.005$ ) was obtained, which means that there is a significant relationship between knowledge of postpartum mothers and perineal wound care. (Arami 2020).

The results of the studies mentioned above are in accordance with the theory of health behavior which says that there is a relationship between the knowledge possessed by a person and the actions or practices taken. The results of this study are also in accordance with the theory put forward by Green, where Green states that human behavior is formed from predisposing factors, enabling factors, and reinforcing factors. In the theory proposed by Green himself, knowledge is one of the predisposing factors, so that knowledge will play a role in the formation of human behavior.

According to the researcher's assumptions, the knowledge that a person has about postpartum care and others will ultimately have an impact on that person's behavior. The better a person's knowledge, the better his behavior in dealing with what he knows. This also applies to nursing care during the puerperium. Mothers who are well-informed, have a high probability of doing proper postpartum care. On the other hand, mothers who have sufficient knowledge are very at risk of doing postpartum care incorrectly. The postpartum care that is carried out correctly must be guided by the principles of health science. As it is known that, postpartum care is an important thing to do. In addition to preventing puerperal infection, Postpartum care also aims to accelerate the process of

returning the mother to her pre-pregnancy state, as well as improving the quality of life of the mother and baby. Mothers must know which form of self-care will be carried out with sincerity and in a healthy way in order to obtain health welfare during the postpartum period and after, both for the postpartum mother herself and for the baby born. The fatal thing that is feared if postpartum care is not carried out according to health rules is the occurrence of infections during the puerperium which can cause maternal death. Mothers must know which form of self-care will be carried out with sincerity and in a healthy way in order to obtain health welfare during the postpartum period and after, both for the postpartum mother herself and for the baby born. The fatal thing that is feared if postpartum care is not carried out according to health rules is the occurrence of infections during the puerperium which can cause maternal death. Mothers must know which form of self-care will be carried out with sincerity and in a healthy way in order to obtain health welfare during the postpartum period and after, both for the postpartum mother herself and for the baby born. The fatal thing that is feared if postpartum care is not carried out according to health rules is the occurrence of infections during the puerperium which can cause maternal death.

#### **The Relationship of Parity with Maternal Care During the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency**

Based on table 4.13 shows that of the 71 respondents there are 11 respondents (16%) with primiparous parity who perform postpartum care in the sufficient category, and 1 respondent (1%) performs postpartum care in the good category. Of the 71 respondents there were 35 respondents (49%) with multiparity parity who did postpartum care in the sufficient category, and 24 respondents (34%) did the postpartum care in the good category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.046 (<0.05)$ , it can be concluded that there is a relationship between parity and maternal care during the postpartum period.

Another relevant research that is related to postpartum care is the research conducted by Risa Devita, et al (2019), regarding the Relationship Between Knowledge and Maternal Parity with Perineal Wound Care at Ratna Wilis Palembang Independent Practice Midwife in 2018. From the results of the study, respondents obtained with high parity who performed perineal wound care well, 15 respondents (100%) and respondents with high parity did not perform perineal wound care poorly (%), while of the 17 low parity respondents who did good perineal wound care, it was 9 respondents (52.9%) and respondents with low parity who performed perineal wound care less well were 8 respondents (47.1%). The results of the Chi-square test obtained a p value of 0.003 ( $<0$ ), (Devita and Aspera 2019).

Another relevant study, conducted by Indriani Andi Wolio, et al (2017), with the results of the study "there is a relationship between parity and postpartum visits in mothers who have babies aged 2-12 months in the working area of the Nambo Health Center, Kendari City in 2017. With the results statistical test  $p = 0.005 (<0.05)$  (Indriana Andi Wolio and Aisa 2017).

Qualitatively, it is known that informant 1 is multipara and informant 2 is primipara. According to the assumptions of the informants with multiparity parity, the majority have good knowledge because the informants with multiparity parity better understand postpartum care care, which is possible because of the experience from the previous postpartum period. This is different from informants with primiparous parity who do not have experience in postpartum care, so that in the absence of provisions from previous experience, they do not understand postpartum care care.

#### **ConnectionPlace for Health Checkup During Pregnancy with Maternal Care During the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency**

Based on table above, it shows that of the 71 respondents there are 8 respondents (11%) whose health check-ups during pregnancy in government-owned facilities carry out postpartum care in the

sufficient category, and 11 respondents (15%) perform postpartum care in the category good. Of the 71 respondents, there were 38 respondents (54%) whose health check-ups during pregnancy were in private practice providing adequate postpartum care, and 14 respondents (20%) providing good postpartum care. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.032 (<0.05)$ , it can be concluded that there is a relationship between health check-up places during pregnancy and maternal care during the puerperium.

The results of this study are slightly relevant to the research conducted by Andam Ar-Rahmi, with the research title Factors Related to the Behavior of Mothers Not Performing Postnatal Care (Postnatal Care) in Indonesia (Advanced Analysis of the Indonesian Demographic and Health Survey). In his research, data obtained that there was no factor for antenatal consultation with the behavior of the mother not doing postpartum care (Ar-Rahmi n.d.).

According to the researcher's assumption, according to the results of this study, there is a relationship between health check-up places during pregnancy and maternal care during the puerperium because even though the informants have checked their health during pregnancy to health care facilities, if the officers serving at the health care facilities do not provide Counseling/health education about nursing care during the puerperium of course will not have a positive effect on the behavior of informants in carrying out nursing care during the puerperium and vice versa.

#### **Relationship between family support and maternal care during the postpartum period in Padang Sari Village, Tinggi Raja District, Asahan Regency**

Based on table above, it shows that of the 71 respondents there are 44 respondents (62%) who received family support in the adequate category of postpartum care, and 25 respondents (35%) who received good postpartum care. Of the 71 respondents who did not receive family support, there were 2 respondents (3%) who performed postpartum care in the sufficient category, and there were no respondents who did the postpartum care in either category. From the results of statistical tests, Chi-square obtained a significance value of  $p = 0.537 (<0.05)$ , it can be concluded that there is no relationship between family support and maternal care during the postpartum period.

According to the researcher's assumption, that what is obtained from the results of the research and the theory put forward by the experts above is indeed true that in undergoing the postpartum period, the informant really needs motivation and support from those closest to him such as his husband or family in order to get through the postpartum period well and help in restoring the psychological state after childbirth. The existence of family support in undergoing the postpartum period is something that causes and supports the behavior of informants. Women who have just given birth are very tired and prone to health problems, of course they are less likely to carry out postpartum care on their own, and in this situation, most women are more resigned and dependent on other people (family members).

## CONCLUSION

Based on the results of the research obtained, it can be concluded that as follows: 1) There is a relationship between the level of education and maternal care during the postpartum period with a  $p$  value of 0.007 ( $<0.05$ ). 2) There is a relationship between work status and maternal care during the puerperium with a  $p$  value of 0.000 ( $<0.05$ ). 3) There is a relationship between the level of knowledge and maternal care during the postpartum period with a  $p$  value of 0.000 ( $<0.05$ ). 4) There is a relationship between parity and maternal care during the puerperium with a  $p$  value of 0.046 ( $<0.05$ ). 5) There is a relationship between health check-up places during pregnancy and maternal

care during the puerperium with a p value of 0.032 (<0.05). 6) There is no relationship between family support and maternal care during the postpartum period with a p value of 0.537 (<0.05).

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