



Model Development of Maternal Behavior in Public Care Based on The Integrated Behavioral Model (Ibm)

Kartika^{1*}, Shrimarti Rukmini Devy², Setya Haksama³, Fakhryan Rakhman⁴, Idawati⁵, Ismuntania⁶, Nurlela Mufida⁷

Abstract

Reproductive health in women is a matter of sexuality and reproduction related to antenatal care services, delivery processes, and postnatal treatment. Therefore, this study aims to determine the development of a model of maternal behavior in postpartum care based on an integrated behavior model. This study uses an explanatory research study method with a cross sectional approach. Meanwhile, data collection techniques were carried out by exploring journals and other information relevant to the study. The results showed that maternal care during the puerperium had not been fully realized because there was still a strong tradition or only believing in customs regarding maternal care during the puerperium. Through IBM it was also known that the lack of maternal health care, education or knowledge in postpartum care is still the reason why MMR in Indonesia cannot be reduced.

Keywords: Maternal Behavior, Postpartum Period, Integrated Behavioral Model (IBM)

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Introduction

Reproductive health in women is a matter of sexuality and reproduction related to antenatal care services, delivery processes, and postnatal treatment. The high rate of maternal and infant mortality (MMR) in Indonesia when compared to other countries is an important indicator to study. Previous research has also shown an influence on the high rate of maternal and infant mortality which is known to be caused by cultural and socio-demographic factors (Rahayu, et.al, 2017).

Problems related to pregnancy and childbirth, including AKI cannot be separated from the various factors that influence it, including maternal health status and readiness to become pregnant, antenatal care (pregnancy period), delivery assistance and immediate postnatal care, as well as socio-cultural factors (E. .Kristi et.al.,2020).

In the Indonesian context, women's limited access to quality reproductive health service facilities, especially for poor women in Disadvantaged, Remote, Border and Archipelago Regions (DTPK) is one of the challenges faced in achieving MDG 5 Target 5A (Bappenas, 2010). The provision of PONEK, PONEK, posyandu, and blood transfusion units has not been evenly distributed and has not been fully accessible to the entire population. The referral system from home to the Puskesmas and to the hospital has also not run optimally. Another factor that affects the high MMR is poor road access to health services. Bappenas (2010) added another factor, namely cultural factors in certain areas. Nationally, according to Detty S. Nurdianti, an expert in Obstetrics and Gynecology, the highest cause of AKI is bleeding. Meanwhile, according to McCarty J. Maine DA as quoted by Aeni (2013), maternal death is a complex event caused by various causes that can be distinguished into

***Corresponding Author:** Kartika

Address:^{1*}Doctoral Program of Public Health, Faculty of Public Health; Email: kartika-2020@fkm.unair.ac.id

^{2,3}Faculty of Public Health Universitas Airlangga, Indonesia;

^{2,3}Higher School Education of Health Science Medika Nurul Islam Sigi, Indonesia

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close determinants, intermediate determinants, and far determinants. Close determinants that are directly related to maternal mortality are obstetric disorders such as bleeding, preeclampsia / eclampsia, and infections or diseases suffered by the mother before or during pregnancy that can worsen pregnancy conditions such as heart disease, malaria, tuberculosis, kidney, and acquired immunodeficiency syndrome.

Close determinants are directly influenced by intermediate determinants related to health factors, such as maternal health status, reproductive status, access to health services, and behavior in using health care facilities. The determinants are much related to demographic and sociocultural factors. Low public awareness about the health of pregnant women, women's empowerment is not good, educational background, socio-economic family, community and political environment, as well as policies indirectly allegedly play a role in increasing maternal mortality.

The postpartum period is the period after labor is completed up to 6 weeks or 42 days. After the puerperium, the reproductive organs will slowly experience changes like before pregnancy. During the puerperium 60% of the maternal mortality rate will increase, therefore during the puerperium it needs more attention. The cause of the increase in maternal mortality (MMR) is the lack of attention to post partum women (Nurhabibi, 2018).

The World Health Organization (WHO) recommends that postpartum health services (postnatal care) for mothers begin to be provided within 24 hours after giving birth by competent health personnel, such as doctors, midwives or nurses. Through monitoring, it is found that mothers die in various parts of the world, it is estimated that every year as many as 500,000 are caused by the process of pregnancy, childbirth and the postpartum period. For this reason, health care during this period is very much needed by mothers and newborns in order to avoid the risk of illness and death because the postpartum period is also a critical period in the survival of mothers and newborns. Most maternal and newborn deaths occur within the first month after delivery (Safitri, Rahmi, et al, 2020).

Maternal Mortality Rate (MMR) is one indicator of the success of a country's services. Every day, about 830 women die from preventable causes related to pregnancy and childbirth. 99% of all maternal deaths occur in developing countries. Around 830 women die from complications of pregnancy or childbirth worldwide every day. One of the targets under Sustainable Development Goal (TPB) 3 is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, with no country having a maternal mortality rate more than twice the global average. Women die from complications during and after pregnancy and childbirth. The main complications that cause almost 75% of all maternal deaths are severe postpartum bleeding, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from childbirth, and unsafe abortion.(WHO, 2018).



Source: (IDHS, 2019)

Graph 1.1 Maternal Mortality Rate in Indonesia

In practice, the traditional practice of postpartum care in the community can affect the health status of mothers and babies. It is proven until now that trust and confidence in postpartum maternal care is still widely encountered in communities throughout the world. They believe that the treatment of traditional practices that have been passed down by mothers after giving birth can have a positive and beneficial impact on them. This is evident from research conducted by Andhra P (2006), on 100 postpartum mothers in the Tirupati area, India. From the results of his research, it was found that there were many cultural beliefs and beliefs about postpartum maternal care, including limiting fluid intake, limited food and only allowed to eat vegetables,



not bathing, dieting food, not being allowed to leave the house, wearing footwear, using octopus, should not sleep during the day even they believe colostrum is not good for children (Bhvaneswari, 2013).

In Indonesia, the tradition of postpartum care has also been identified by researchers and there are a number of behaviors that generally have become the habits of postpartum mothers during treatment. These behaviors include postpartum mothers abstaining from food such as being prohibited from eating fish, eggs, and meat so that the stitches heal quickly. In concept, this is not true, on the contrary, postpartum mothers really need a higher protein intake to help wound healing. If protein intake is not sufficient, wound healing will be slow and potentially lead to infection (Handayani, 2010). Another example is the belief of mothers who refuse to drink a lot after giving birth for fear of wet birth canal wounds so that the healing process will take longer. In fact, a mother really needs sufficient fluids during postpartum so that the mother is well hydrated (Pratiwi&Arifah, 2011).

Facing habits that do not support the achievement of healthy conditions for both mother and baby, it takes the right strategy and does not offend cultural values. Postpartum culture includes not only myths, but also certain traditions. In the Sulawesi region, for example, traditional birth attendants in Majene Village, West Sulawesi handle postpartum mothers based on the knowledge they get from dreams. Postpartum mothers have to lift water from the well to the house to restore physical strength, whereas postpartum mothers should rest after giving birth (Kompas, 2011).

Research in Central Java conducted by Sugita (2017) showed that 16.66% of postpartum mothers used pilis 0-40 days, 25% used it for less than 40 days, 37.5% used parem on the hands and feet for 40 days, 75 % drank herbal rice kencur, 87.5% drank herbal medicine wejahan, 37.5% drank herbal medicine papaya leaves, 8.33% drank herbal medicine turmeric tamarind, 4.16% drank herbal medicine temulawak, 37.5% drank jamu uyup-uyup, 37.5% did massage, 58.33% did walikdadah at

selapanan, 37.5% wore octopus knots, 8.33% wore a corset, 50% wore a 4 meter stagen.

In addition, it was also found that 41.66% used a 10 meter long stagen, 50% did cramping for less than 40 days, 95.83% sat down for less than 40 days, 66.66% did not eat spicy food, 33.33% did not eat large meals. , 4.16% abstain from drinking a lot, 12.5% abstain from drinking ice, 8.33% abstain from eating sweet foods, 87.5% sit with straight legs, 100% sit with legs together, parallel, do not hang and 75% sit with legs propped up with a small chair (Sugita, 2017).

Furthermore, research on the traditional practice of postpartum care in Aceh Province has also been conducted. These traditional practices include postpartum mothers undergoing a sale, where the mother is on a couch made of wood or bamboo sticks with cracks and under the couch a stove filled with hot charcoal is placed. This tradition is considered to accelerate the process of deflation of the stomach and uterus, tighten the genitals, and warm the body. If viewed from a health point of view, this tradition is not appropriate because the heat from the coals can cause vasodilation so that it has the potential to lower blood pressure, stimulate bleeding, and dehydration will occur in postpartum mothers. For example, after giving birth the mother is bathed with iebokruet (kaffir lime), given a decoction of leaves, the whole body of the mother is massaged, on the face and body the mother is given cold powder and herbal medicines, the mother is not allowed to leave the house for 44 day. This is motivated by the values, customs, beliefs and attitudes of the community which are cultural factors in the care of postpartum mothers (Rahayu et.al, 2017).

Efforts to reduce MMR is one of the targets of the Ministry of Health. Several programs that have been implemented include the Childbirth Planning and Complications Prevention Program (P4K) and Health Operational Assistance (BOK) to puskesmas in districts/cities; the safe motherhood initiative, a program that ensures all women receive the care they need to stay safe and healthy during pregnancy and childbirth (1990); and the Mother's Love Movement in 1996 (Mi'raj, 2017).



In addition, there has been a large-scale placement of midwives at the village level with the aim of bringing access to maternal and newborn health services closer to the community. Another effort is the Making Pregnancy Safer strategy (in 2000). Furthermore, in 2012 the Expanding Maternal and Neonatal Survival (EMAS) Program was launched in order to reduce maternal and neonatal mortality by 25% (Rahmi, 2016). In addition to the efforts made by the Ministry of Health through various programs and activities to reduce the MMR, starting in 2007, the government through the Ministry of Social Affairs has also implemented a program that supports efforts to reduce MMR, because one of the focuses is pregnant women in poor households. The program is the Family Hope Program (PKH), which opens access for poor families who become Beneficiary Families (KPM), including pregnant women, to take advantage of various health service facilities available around them. The obligations of KPM PKH in the health sector include conducting obstetrical examinations for pregnant women.

In changing behavior for the better, a view on the integrated behavior model (IBM) theory can be used which emphasizes that intention is the most important determinant of health behavior. Intention is determined by attitude, perceived norm and personal agency.

Health behavior is the second largest factor after the environment that affects the health of individuals, groups, and communities, therefore it is important to know the health behavior that exists in the community. Health behavior is grouped into two, namely the behavior of healthy people taking action to continue to maintain their health (healthy behavior) and the behavior of sick people taking action to obtain healing (health seeking behavior) (Notoatmodjo, 2012).

In addition, in an effort to improve the health status of the community, especially in reducing maternal mortality, it is necessary to support efforts from all aspects, such as a form of health education. Health education in this case is to improve health status in a better direction. The second understanding, health education is defined as an effort to market, disseminate, introduce, sell a health.

Health education aims so that people can improve healthy living behavior, in order to avoid various threats of disease. Health education will provide benefits in terms of maintaining physical, mental (mental), social and economic health among individuals if implemented properly. Today's society has minimal knowledge of health so that healthy living behavior is rarely carried out (Notoatmodjo, 2012).

In Aceh, the Maternal Mortality Rate (MMR) did experience a decline in 2017 as many as 143 cases decreased to 139 cases in 2018. But surprisingly, this figure jumped high in 2019 to 172 cases. Maternal mortality is a measure of how slow an area is in making efforts to handle cases that threaten the safety of postpartum mothers and their babies.

The maternal mortality rate in Aceh has fluctuated in the last five years, in 2019 it increased to 172 per 100,000 live births with 157 maternal deaths, the highest in North Aceh district with 25 cases followed by Bireuen with 16 cases, the lowest in Pidie Jaya with 1 case

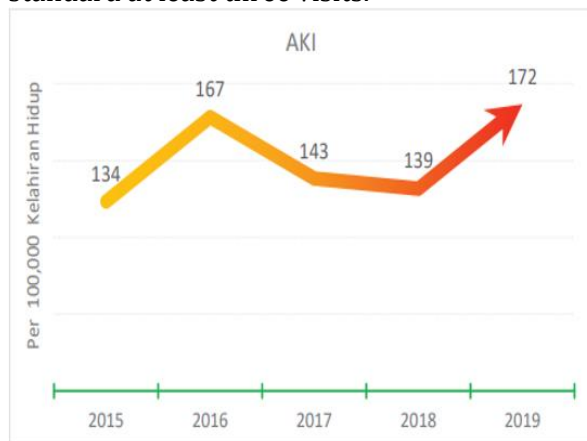
The triad of main causes of maternal death in Aceh are bleeding, hypertension in pregnancy, infection and others. This is different from the national pattern, where national bleeding is no longer the main cause. Bleeding is closely related to the uneven distribution of health workers and health facilities in the Aceh region.

Policies related to cultural factors that interfere with postpartum care to date can be seen from the health behavior carried out by the mother and the family who are around the postpartum mother herself, where there are still many behaviors that endanger the condition of the mother in the postpartum recovery period. Behavior based on traditional habits is also an obstacle. The delay in making decisions in seeking care at certain health facilities is determined by a decision by the husband as the head of the family or a person who plays an important role in the family. As a result, if there is an emergency case for pregnant women, giving birth or after giving birth, several parties must engage in consultation. This will also result in delays in making decisions and have an impact on maternal mortality.



The postpartum period is also shackled by traditions, including the practice of taboos and/or the necessity to consume certain foods. During the postpartum period, the mother only consumes white rice without animal protein and limits the consumption of water because it is considered to slow wound healing. This can reduce the condition of postnatal mothers who need adequate nutritional intake to restore body condition and help the breastfeeding process.

The coverage of postpartum visits in Aceh is still very low, closely related to the coverage of deliveries by health workers, the lower the coverage of births from health workers, the coverage of postpartum services will be lower. The low coverage of postpartum services is due to the presence of postpartum mothers who do not make postpartum visits according to the standard at least three visits.



Source: (Aceh Health Office, 2019)

Graph 1.2 Maternal Mortality Rate in Aceh Province

Furthermore, data as of July 2020, in Pidie District which is one of the districts in Aceh with cases of maternal mortality which increased significantly as many as 9 cases of postpartum mothers died. The causes of these cases were due to bleeding, poor nutritional status and delays in getting medical help (Pidie Health Office, 2020).

Based on the results of the initial survey obtained from community leaders and local residents in Pidie Regency, it was noted that 9 postpartum maternal deaths as of July 2020 were caused by bleeding, chronic malnutrition, hypertensive disorders and others. The results of interviews with leaders who often deal with maternal health problems, namely a middle-aged mother who is considered a traditional

birth attendant said that the mother died because of bleeding problems that failed to be handled because usually the mother only went to the traditional birth attendant because of the assumption that all her family had gone to the mother's place for treatment. and can be handled properly and the low awareness of pregnant women to check their pregnancy at available health facilities. Based on information, it is known that the postpartum mother's habit in this case is still abstinence from food, selling during the postpartum period, limiting mobilization by only lying down and sitting on the bed while straightening both legs for 44 days.

A survey of the families of postpartum mothers who had died was also conducted and it was found that postpartum hemorrhage was the most common cause. Reluctance to go to health facilities due to strong belief in this tradition triggered serious problems and eventually the mother died. This is supported by a study in which the majority of postpartum mothers did not take advantage of postpartum care because of the lack of emphasis on its importance, especially in developing countries (Adane, et.al, 2020).

Socio-cultural development in society is a sign that the community in an area has undergone a change in the thought process. Social and cultural changes can have both positive and negative impacts. The relationship between culture and health is very closely related, as one example of a simple village community can survive certain treatment methods according to their traditions. Culture can shape habits and behavior towards health and disease in society regardless of its level (Iqbal, 2012).

The Government of Aceh has now improved the health service system to the community in accordance with the standards set by the Ministry of the Republic of Indonesia. These services are not only presented in the province but also to remote villages. As for the JKA plus program, it is his determination to provide access to quality and massive health services. However, regarding improving the quality of health, Aceh is still often faced with various challenges, such as a shortage of doctors, especially in regional hospitals and the absence of adequate medical personnel at the Puskesmas.



Currently, the policy that has been started is to mobilize community empowerment in improving the health status of mothers and children such as the village alert program, village ambulances, running blood donor groups, the Maternity Planning and Complications Prevention Program (P4K) and the allocation of village funds and other programs that need to be implemented. taken seriously and identified again. Furthermore, health service centers at the primary level need to be encouraged to be more proactive in prioritizing health promotion efforts and preventive approaches through regular health checks. Handling the disease at an early stage (early detection) will be much more effective and efficient.

Based on this background, the maternal mortality rate during childbirth in Indonesia continues to increase significantly, namely 390 cases per 1000 births, while in Aceh it also increased until 2019 to 172 cases per 100,000 births and in Pidie Regency as many as 9 cases per 1000 births. Although regulations and policies have been set by the local government, there are still many health actions or behaviors that are still far from the expected targets that are carried out by the community, especially postpartum mothers in carrying out postnatal care. Based on the Integrated Behavior Model (IBM) theory, the health behavior of a person or society is influenced by factors of knowledge and skills to perform the behavior (knowledge and skills to perform the behavior), the intention to behave (intention), the environment that limits the behavior (environmental constraints), perceived behavior important for the individual (salience of the behavior) and habits (habit). The health of postpartum mothers is an important indicator in this nation so that all problems that arise in postpartum women should be the responsibility of all parties involved, especially a student.

Method

The research to be carried out is an explanatory research study with a cross sectional approach, which is a form of research in which the independent and dependent variables are examined and measured at the same time. Explanatory research to determine the influence of factors, namely the characteristics of postpartum mothers (age, education, occupation), attitude factors (experiential

attitude and instrumental attitude), perceived cultural factors (perceived control and self-efficacy) and self-efficacy (personal agency).

Data Processing and Analysis Techniques

Data processing

According to Budiarto (2012) the data that has been obtained will be processed in the following stages:

Editing

Editing is an activity carried out after the researcher has finished collecting data in the field. At this stage the researcher discards or removes data that is not necessary or does not meet the requirements.

Scoring

At this stage the researcher gives an assessment by giving a score to the questions related to the respondent's answers. In this study, there are several scales used in the type of questionnaire.

Coding

Coding is an activity to clarify data so that it has meaning during analysis. The collected data was checked for completeness and then coded.

Entry

At the entry stage, all data that has been edited and coded or all data that is complete is entered into a computer application.

Tabulating

Tabulating is the last part of data processing by entering data in certain tables and arranging numbers and calculating them.

Cleaning

Cleaning is the validation stage where the data is free from errors.

Data analysis

Data analysis is done by: Descriptive analysis

Describe the characteristics of respondents and each variable and analyze the details using frequency distribution tables, graphs and pictures.

Hypothesis testing analysis

The data analysis technique used in this study uses Structural Equation Modeling (SEM) based



on variance or commonly known as Partial Least Square (PLS). The purpose of PLS is to help researchers get the value of a variable for predictive purposes. In PLS there are the following steps: designing a structural model (inner model), designing a measurement model (outer model) constructing a path diagram, converting a path diagram to a system of equations, path coefficients, loading and weighing goodness of fit evaluation, hypothesis testing.

1. PLS is an analytical method that is not based on assumptions and does not have to have a multivariate normal distribution (indicator, nominal scale, ordinal, interval and ratio) besides that the sample does not have to be large.
2. PLS can analyze as well as constructs that are determined with reflective indicators and formative indicators.
3. PLS is often used in estimating path models using latent variables with multiple indicators.
4. PLS can test complex series of relationships simultaneously.
5. PLS can be used as theoretical testing and can recommend relationships for which there is no theoretical basis or the theory is still weak.

Results and Discussion

In the post-delivery service guide of KEMNAKES RI (2019), it is stated that some normal deliveries and the postpartum period are estimated to be 15-20% experiencing disturbances or complications. These disturbances or complications are usually unpredictable. Health workers, pregnant women, families and communities need to know and recognize the danger signs to avoid these problems. The danger signs during the puerperium such as experiencing continuous bleeding within 42 days after giving birth accompanied by a bad odor and fever this indicates an infection, swelling of the face, hands and feet, or headache and spasms, swollen, red breasts. accompanied by pain and psychological disorders in the postpartum period.

In terms of maternal care during pregnancy, childbirth, and the postpartum period, the Indonesian people cannot be separated from behaviors and habits based on customs or

culture which are believed to provide benefits and positive impacts, especially in rural or remote areas due to the lack of knowledge about health and lack of knowledge about health education or counseling regarding health education for pregnant or postpartum women. Health maintenance or maternal care during the puerperium needs to be carried out carefully and according to procedures. In health care is not only the duty of a midwife. But it is also the duty of the postpartum mother, husband's support, and also other closest people.

Concept of Integrated Behavioral Model (IBM)

The Integrated Behavioral Model or IBM is the development of two theories: theory reason action (TRA) and theory planned behavior (TPB) which emphasizes that the most important determinant of behavior is behavioral intention. Without motivation, a person is unlikely to perform the desired behavior. There are four other components that influence behavior directly. Three of them are important in determining whether behavioral intention can lead to implemented behavior (behavioral performance). First, even if a person has a strong behavioral intention, he or she needs knowledge and skills to carry out the behavior. Second, there should be no or few environmental constraints that make implementing the behavior very difficult or impossible to do. Third, behavior must be made prominent, visible and easily recognized or realized. Finally, the experience of implementing a behavior can make it a habit, so intention becomes less important in determining an individual's behavioral performance. Glanz, Karen. (2008).

Based on this, it can be concluded that certain behavior will occur if:

1. A person has a strong intention accompanied by the knowledge and skills to behave
2. There are no obstacles from the environment that prevent the implementation of the behavior
3. The behavior stands out
4. Someone is used to doing this behavior

All of the above components and their interactions are important to consider when



designing any intervention to promote health behaviors.

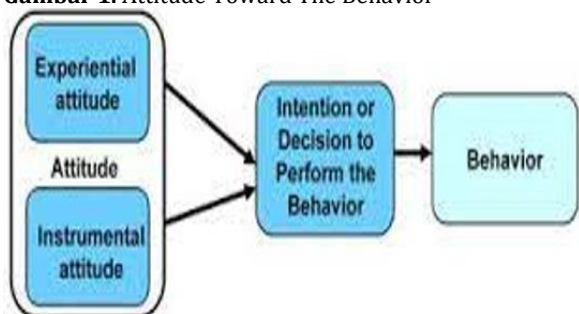
For example, a mother who is in the postpartum period, has a strong desire to improve her health so that she can immediately take care of her baby. This is where it is important to ensure that the health facility or clinic is located in a place or environment that can be easily reached or through transportation to facilitate access and/or it can be said that the location of the health facility should be in a prominent or well-known place that is known to many people. Because a mother who is in the puerperium has a sensitive nature, the health care provider must be a professional in their field to improve mental stability and fighting power to recover quickly. Different strategies may be needed to deal with different behaviors, as well as for the same behavior in different settings or populations of different settings or populations. Clearly, strong behavioral intentions are required for interventions to deal with IBM components, such as skills, knowledge or environmental barriers, that affect behavioral performance.

Factors Integrated Behavioral Model Based on the integrated behavior model, behavioral intention is determined by three factors or variables as follows:

1. Attitude

Defined as the overall favorableness (liking) or unfavorableness (dislike) a person in implementing the behavior. Many theories have explained attitudes as a combination of affective and cognitive dimensions.

Gambar 1. Attitude Toward The Behavior



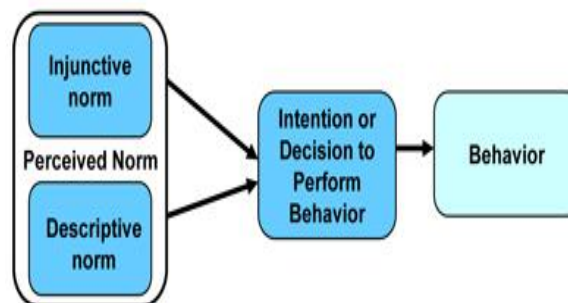
Experiential attitude is an individual's emotional response to an idea in response to a behavioral recommendation. Individuals with a strong negative emotional response to the recommended behavior are less likely to engage in it, whereas

those with a strong positive emotional reaction are more likely to engage in it. Meanwhile, instrumental attitude is cognitive based, determined by beliefs about behavioral performance outcomes, as in TRA/TPB. The conceptualization of experiential attitudes differs from "mood or arousal," which can influence intentions indirectly by influencing beliefs about the outcome of the behavior.

1. Perceived Norm

Norm beliefs reflect a social pressure or influence that makes a person feel the need or not to perform the expected or recommended behavior.

Gambar 2. Perceived Norm



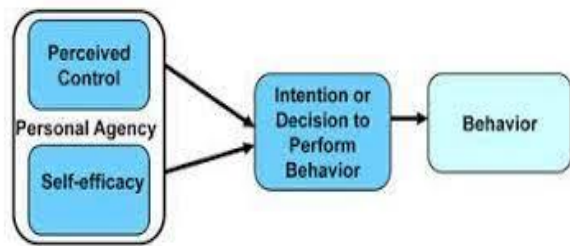
This variable is formed by two sub-factors, namely injunctive norm and descriptive norm. Injunctive norm or normative belief is the extent to which other people think about the expected behavior (social networks are important for that person). Descriptive norm is a norm that refers to the perception in a community group or personal network of carrying out the intended behavior. Perceived norm is the perception of both norms as a whole or comprehensively

2. Personal Agency

Defined as an individual's ability to initiate and provide reasons for performing a behavior. Personal agency consists of self-efficacy sub-factors, namely the belief that a person is able to do a task or a behavior, and perceived control, namely a person's belief that the behavior in question is easy or difficult to do. Self efficacy is not the same as competence. Self-efficacy refers to the belief in one's ability, while competence is a skill that a person actually possesses. In perceived control, there is a control within a person to control his behavior.



Gambar 3. Personal Agency



In addition to the three variables that make up the intention to perform the behavior, in IBM added the variables knowledge and skills (knowledge and skills), habit (habits), environmental constraint (environmental limitations) and salience of behavior (behavior that stands out), which directly or indirectly does not affect a person's behavior. These variables arise because sometimes individuals already have the intention to behave but because there are limitations or obstacles caused by environmental conditions and skills possessed, so that the expected behavior does not occur.

IBM is a behavioral theory at the individual level that can be used to predict, understand, and change certain behaviors. IBM is an effective tool for predicting changes in a person's behavior because it clearly understands the relationship between components (Glanz, 2008). Therefore, in using IBM's theory, program planners must consider all the constructs that build this theory. If there is one construct that cannot be determined or modified, then IBM's theory will not work.

Results of Application of Integrated Behavioral Model

In the case study of mothers who are in postpartum care, the implementation and role of IBM is very necessary and continuous. This is because the explanation of the theory in IBM can motivate and become the basis for mothers who are in postpartum care and of course also applies to health services, in this case there are midwives or health extension workers who are educated in their fields.

Fishbein (2000) said that in applying the IBM model, it is very important to investigate and understand behavior from the perspective of the research population (Fishbein, 2000). In the

case study of mothers who are in postpartum care, the implementation and role of IBM is very necessary and continuous. This is because the explanation of the theory in IBM can motivate and become the basis for mothers who are in postpartum care and of course also applies to health services, in this case there are midwives or health extension workers who are educated in their fields.

IBM provides a theoretical basis for understanding behavior and identifying specific beliefs to target. Communication and other behavioral change theories should be used to guide strategies to change the target's beliefs (mothers in the puerperium). An important step in implementing IBM is conducting open-ended interviews to identify behaviors, environmental features and barriers to each behavior. From this we will find out which attitude the research target has. Included in the experiential attitude or instrumental attitude.

When the target is stated to be included in the experiential attitude trait, it will be more difficult for health care workers to influence the target's mood and change the mindset of the importance of care during the postpartum period, because the target already has negative perceptions about himself. This could be due to being too trusting in the customs or traditions adopted about the fact that mothers who are in the postpartum period only need to rest for twenty in total. It is different if the target is included in the instrumental attitude. The target (mother in the puerperium) will trust her own beliefs or behavior by believing in what the mother is experiencing, such as, will feel a speedy recovery when she gets treatment assistance from a midwife or other health workers because she has seen from several cases that it is known that postpartum care is very important. important to speed up recovery.

Last in the IBM concept is personal agnancy. Mothers who are in the postpartum period, the main goal is to recover and immediately carry out normal activities. This refers to self-confidence or personal, if in this case postpartum care according to him is difficult to do, then it will continue to be hard on his mind. However, if the target thinks that this is easy to

do, it will produce results quickly, namely recovering to normal as quickly as possible.

Sometimes, when the three concepts above have been realized, obstacles or other factors arise in the treatment process, such as the distance from health facilities or clinics, there is no transportation or public transportation to reach the health facility, resulting in unexpected things, namely feeling lazy and choosing to leave. quietly waiting to recover by itself.

Conclusion

The postpartum period is the post-partum recovery period until all female reproductive organs recover before the next pregnancy. This puerperal period lasts about 6-8 weeks after delivery. The postpartum period is a period of recovery of the reproductive organs after childbirth and is an important period for both mother and baby. Apart from the mother's clinic, the mental condition of the mother after childbirth must also be monitored and given support. Not infrequently this mental condition is underestimated and is one of the factors in the decline in the condition of the mother after childbirth which leads to death.

The most common cause of maternal death is bleeding which usually occurs during the puerperium the role of health workers during and after childbirth plays a very important role in reducing MMR. Various services and training for post-natal care, especially during the puerperium, must be intensively carried out by the Ministry of Health and various health facilities. The concept with the BMI theory should be applied as early as possible to mothers who are in postpartum care. This, apart from being able to reduce MMR, is also useful for the mental health of the mother after the puerperium and accelerates the body's recovery. BMI can be realized with the encouragement of people around such as family, the environment and of course the closest health workers who are able to provide knowledge and the importance of care during the postpartum period.

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