



## **THE INFLUENCE OF MATERNAL ATTITUDES AND FAMILY SUPPORT TOWARD PRENATAL CARE BEHAVIOUR AND MOTIVATION OF THE MOTHERS IN TREATING UNWANTED PREGNANCIES IN BENGKULU CITY IN 2013**

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### **ABSTRACT**

*The behaviour of prenatal care in facing pregnancy is very influential for the birth outcomes. There are still many unwanted pregnancies found in Bengkulu. Around 54% of the unwanted pregnancies endured by young adults aged 15-19 years old. Consequently it gives bad impacts to prenatal care behaviours of the mothers and their motivation in treating their pregnancies that resulted in poor birth outcomes. This study aimed at investigating the influence of maternal attitudes and family support toward prenatal care behaviour and motivation of the mothers in treating unwanted pregnancies. This study was a cross-sectional study by using quantitative approach. The samples were 60 pregnant women in Bengkulu city aged less than 20 years old. The data were analyzed by using Structural Equation Modelling (SEM) with smart PLS 2.0. This study revealed that there was a direct influence between the attitudes toward prenatal care behaviour of the mothers with unwanted pregnancies, with the percentage was 52.07 %; there was a direct influence between motivation in treating pregnancies toward the behaviour of prenatal care in mothers with unwanted pregnancies, in which the percentage was 16.31 %; and there was a direct influence between the variable of family support toward the behaviour of prenatal care in mothers with unwanted pregnancies, in which the percentage was 24.70 %. The total direct influence was 93.07 %. The direct effect between attitudes toward the motivations in treating the pregnancies was 8, 34 % and the direct influence between family supports in treating the pregnancies was 5, 37%. This study fulfils an identified need and practical help for women in facing unwanted pregnancies for the birth outcomes.*

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**KEYWORDS:** Attitudes, Family support, Prenatal care behaviour, Motivation, Unwanted pregnancies.

### **INTRODUCTION**

The issue of Maternal and Child Health (MCH) is still a health problem in Indonesia including high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Various attempts have been made to reduce the MMR and IMR in Indonesia, such as, the increase of MCH programs by improving antenatal care in all health care facilities with a good quality and reach all target groups, increasing the delivery assistance by professional staff gradually and implementing a referral system as well as increasing neonatal services with a good quality well (Kemenkes, 2011).

Health plays an important role in creating quality resources. Improvement of human resources should be done early, namely that of babies born to have a high potential to achieve maximum productivity (Manuaba, 2006).

The health status and nutritional status of the mother during pregnancy has a significant effect on the incidence of LBW. The health status of pregnant women can be realized with maternal

health behaviours performed during pregnancy. Mothers with health status and nutritional status before and during pregnancy are less at risk 4.27 times to give birth to babies with low birth weight compared to mothers who have good health and nutritional status (Nanni, 2007).

Reproductive health is one of the important topics in the field of health which is gaining attention from various parties, both inside and outside the country. Widespread media coverage to every corner of the country that presents facts about reproductive health, both positive and negative encourage the various parties not only from the government health care practitioners, individuals, private and non-governmental organizations to take an active role in socializing as well as providing a solution to the problems of reproductive health (Badan Koordinasi Keluarga Berencana Nasional, 2012).

Pregnancy is a natural process that will be experienced by every woman. The period of pregnancy to full term is 280 to 300 days or 39-40 weeks, so during this time pregnant mothers require a proper supervision. Developing fetus in the womb grow as the large gestation, then if there is no proper supervision labor, it can also lead to death of the mother and the baby. (Manuaba, 2006)

To achieve a healthy condition as pointed out in the sense / these limits, it should also be understood about a healthy reproductive period is the period that is healthy for a woman to conceive and give birth is between the ages of 20 until the age of 35 years. (Badan Koordinasi Keluarga Berencana Nasional, 2012)

Unwanted pregnancy always closely related to the practice of unsafe abortion. Unwanted pregnancies in Indonesia occurred 39% occurred at age 15-19 years, 19% between ages 20-40 years and 42% at the age above 40 years. The incidence of miscarriage nationwide 4% to 2.4% occurred in Bengkulu and 6.9% in West Papua. Of all the existing 6.54% incidence of miscarriage due to abortion.<sup>4</sup>

Based on data from BPS Bengkulu province, the percentage of children that survived and were alive born of women aged 15-19 years, in 2010 amounted to 0.46% and in 2012 amounted to 0.04%. This indicates a pregnant woman under 19 years old gives birth to a child who is difficult to survive. The possibility that occur due to aging are not sufficient for the pregnant, the reproductive organ systems are not ready to accept the pregnancy can lead to miscarriage. It is immediately seen in infants with premature birth is that it usually leads to low birth weight babies in this case it would be difficult to survive, unless the management is done well. (Badan Pusat Statistik dan ORC Macro Survei Demografi dan Kesehatan Indonesia 2012-2013, 2012)

So the pregnancy at a young age (< 20 years) lowers the welfare of children to live this is the risk of a pregnancy at a young age, does not only apply to the mother but also the effect on the fetus. For the mother it may occurs miscarriage, premature labor, an infection, anemia in pregnancy, and pregnancy poisoning. While for the fetus may occur premature birth, low birth weight, birth defects, may arise as a result of tensions in the womb with the emotional feelings of rejection during the pregnancy. (Gipson *et al.*, 2008)

Factors affecting the occurrence of pregnancy at age less than 20 years due to socio-demographic (habits, lifestyle, poverty, the role of women in society, active sexuality, contraception, mass media), family characteristics, development status (lack of thought about the future), and drug abuse. Widayatun (2009)

In 2001-2002, there were 56% of women who wanted their pregnancy and 44% did not want the pregnancy. A total of 33% of live births resulting from pregnancy which is not the time (mistimed) and 11% of the unwanted (unwanted pregnancy). This means lots of live births resulting from mistimed pregnancies unwanted pregnancy in 2002. The survey also asked about the desire of pregnant which began since the conception and there are many different answers that unwanted pregnancy soon / now, delaying the time to come (mistimed), and did not want to get pregnant again (unwanted). The desire to pregnant set by the family at the time of preconception planning. Planning a pregnancy will increase wanted pregnancy and decrease the incidence of poor pregnancy outcomes. (PRAMS Surveillance Report, 2002)

Unwanted pregnancy is associated with adverse outcomes such as preterm birth and low birth weight (LBW), this is due to the behaviour of the mother during pregnancy which does not want the pregnancy. PRAMS Surveillance Report (2002) unplanned pregnancies result in poor pregnancy outcome. The status of pregnancy planning affects maternal prenatal behaviour and further affects

the health of newborns. Babies born from mothers who do not want her pregnancy increase the risk of adverse birth outcomes such as preterm birth, low birth weight and intrauterine growth retardation. It is derived from the results of poor birth outcomes associated with pregnancy planning status. A total of 12.9% of unplanned pregnancies lead to premature, low birth weight 9.7% lead and 13.7% of small for gestational age lead. Mothers whose pregnancies are unintended 1.3 times more frequently have poor birth outcomes than mothers who want a pregnancy.

Mothers against pregnancy increase the risk of LBW 1:15 times compared to mothers who desire pregnancy, but there is no significant relationship between mistimed pregnancy with LBW. Unwanted pregnancy and pregnancy reject an indicator for multiple outcomes in maternal and poor birth outcomes. (Mohllajee *et al.*, 2007)

The Physic and mental state of the mother before and during pregnancy have an influence on the state of the baby in the womb and during birth. Good state of maternal health can only be obtained through efforts - directly from the mother's own effort to ensure that the baby will be born healthy and have enough weight, and directly from the mother's own effort to ensure that the baby will be born in a healthy state which centred on the attitude and motivation of the mother. (Mohllajee *et al.*, 2007)

So far, few studies have much to say about the knowledge, perceptions and attitudes as factors that cause the behaviour of the mother during pregnancy, while motivational factors neglected. This may be due to the motivation that cannot be seen but can only be observed from the behaviour it produces, i. e the way or pattern of fulfilment or achievement of the goals of pregnant women against unwanted pregnancy. Motivation can explain the reason for a pregnant woman to do some actions, because motivation is the driving force that causes a pregnant woman to do (or not do) something in order to achieve the desired pregnancy. So it can be mentioned in connection with the maintenance of health behaviour, motivation to question how to encourage the passion of pregnant women so that they would work hard to provide all of the capabilities and skills to realize the goal of maintaining and improving the pregnancy health. (Widayatun, 2009)

Mothers with unwanted pregnancies often do not do prenatal care early in pregnancy. Mothers with unwanted pregnancy during pregnancy may do harmful behaviour such as smoking and drinking alcohol, caffeine, drugs, resulting in less weight gain during pregnancy, low birth weight, infant mortality, not to breastfeed during the postpartum period and poor infant development. Children of unwanted pregnancy have a greater risk for low birth weight and not receive sufficient resources for the development of health.

Pregnancy plan can help mothers to plan their pregnancies and provide strong evidence of maternal behaviour change during pregnancy so as to improve care during pregnancy and gain a better pregnancy outcomes. Maier *et al.* (2002) In Indonesia, an unwanted pregnancy is quite high, eight of ten births are desired, 10% expected but at a later time, and 7% not at all desirable. Almost of all unwanted first pregnancy, one of four births unwanted fourth and so on. The pattern of birth planning is influenced by maternal age at delivery, generally the older and the younger the age, the lower the percentage of wanted children. The percentage of unwanted births increases as the increase of maternal age is 38% in women aged < 20 years, 41% of women aged 20-39 years and 21% at age 40-49 years. (Badan Pusat Statistik dan ORC Macro Survei Demografi dan Kesehatan Indonesia 2012-2013, 2012)

Many factors influence the occurrence of unintended pregnancy such as attitudes, family support and motivation. Attitudes toward pregnancy influence the acceptance of a person against the wishes of the pregnant. Attitudes are influenced by passion and the desire to form a refusal or wanted pregnancies. Family support affects pregnant wishes. Risky sexual behaviour or cause someone not planning a pregnancy appropriately. Sexual behaviour is an underlying lack of proper use of contraception, resulting in unmet need family planning. The survey<sup>8</sup>, found the main reason of unwanted pregnancy that is the low use of contraceptives that do not want to be pregnant at the time, the husband or partner do not use contraception, not use a proper method or the failure of a contraceptive method. Another factor affecting the unwanted pregnancy is family support. Family support may influence the decision-making to the mother's health. Husband's role in the birth, if the husband does not want the pregnancy, the mother cannot decide independently to desire the pregnancy. Demographic and socio-cultural factors influence the couple in deciding the pregnancy. Widayatun (2009) From the survey conducted by Institute of the WCC women's empowerment in

Bengkulu city in September 2013, undesired pregnancy in the city of Bengkulu, mostly occur in adolescents aged 15-19 years, 48% were married at a young age, 52% did not want to get married. In general, those who did not want the pregnancy were 67% try to behave to terminate her pregnancy. The cause of an unwanted pregnancy were 31% due to free sex, 24% lack of family support, 14% media, 19% of rapes, 10% lack of religious education and for other reasons were 3%.Based on the above data, the low attitudes, family support, motivation and behaviour of mothers towards antenatal care in women with unwanted pregnancies at a young age of the mother, so the formulation of this research was to investigate the direct and indirect effects of attitudes related unwanted pregnancy, family support and motivation in treating pregnancy on prenatal care behaviours in women with unwanted pregnancies in the city of Bengkulu

The conceptual framework of this study was to see the influence of maternal attitudes and family support toward prenatal care behaviour and motivation of the mothers in treating unwanted pregnancies in Bengkulu city.

## METHOD

This study is an analytical study with cross-sectional research design. The study was conducted in the hospitals, health centres and Midwives Independent Practice in Bengkulu City in December, 2013. The samples in this study were all pregnant women in the city of Bengkulu from June till November 2013 which were recorded in the medical record of hospitals and health centres and the reports of pregnancy from Independent Practice midwife in the city of Bengkulu with the number of samples 60 with the inclusion criteria: wanted to be the subject of the study, lived in the study region, aged < 20 years, on the first pregnancy, tied up in a legal marriage, and have a book of Health Maternal and Child Health (MCH).Data collection instruments used in this study were through questionnaires given to pregnant women, the questionnaire consists of four parts: questionnaire A contained relevant acts of unwanted pregnancy, questionnaire B contained about family support, questionnaire C contained about motivation in treating pregnancy and questionnaire D contained about pregnancy care practices in women with unwanted pregnancies.

Data collection was conducted after the sample were determined, then the questionnaires were spread out, tools (instruments) in the form of a questionnaire contained statements based on the indicators of each variable related attitudes of unwanted pregnancy, family support, motivation in treating pregnancy and prenatal care behaviours in women with unwanted pregnancies. The data collected in the form of primary data by means of the respondents had to complete the questionnaire, covering attitudes, family support, motivation and behavioural treatments of pregnancy in women with unwanted pregnancies. Data processing was carried out by several steps as follows: cleaning, editing, tabulating and data entry: cleaning, editing, coding, entry. (Yamin and Kurniawan, 2012) The data was analyzed using descriptive analysis techniques to determine the descriptive criteria of each variable studied. The data analysis was conducted using Partial Least Square (PLS), a method of Structural Equation Modelling (SEM), it is suitable with the goal of the study which is faster than other SEM techniques. There were two parts of the analysis that must be performed in PLS, namely: Assessing outdoor model and measurement model and assess the inner workings of the model or structural model. (Yamin and Kurniawan, 2012)

In this study, the test instruments used were 60 questionnaires to potential respondents chosen with the aim of ensuring the validity and reliability of the instruments so that the intent of the instrument to be clear and easy to understand. While the validity and reliability were processed using SPSS Statistics.

## RESULTS

The reliability of this study instrument was (0.694 to 0.874), the characteristics of all the endogenous and exogenous variables studied had a normal and homogeneity distribution data. Further testing of the bivariate distribution of the respondents' characteristics with the Chi square test, the results obtained showed no relationship between the characteristics of the respondents with the research variables because all the chi square test results on each variable has a value of  $P > 0.05$ .

The test results on each outer models with indicator variables produce CFA with alpha values (0.531 to 0.910) and the value of T-statistics (2.437 to 18.635). GOF measurement model gives results as table 1

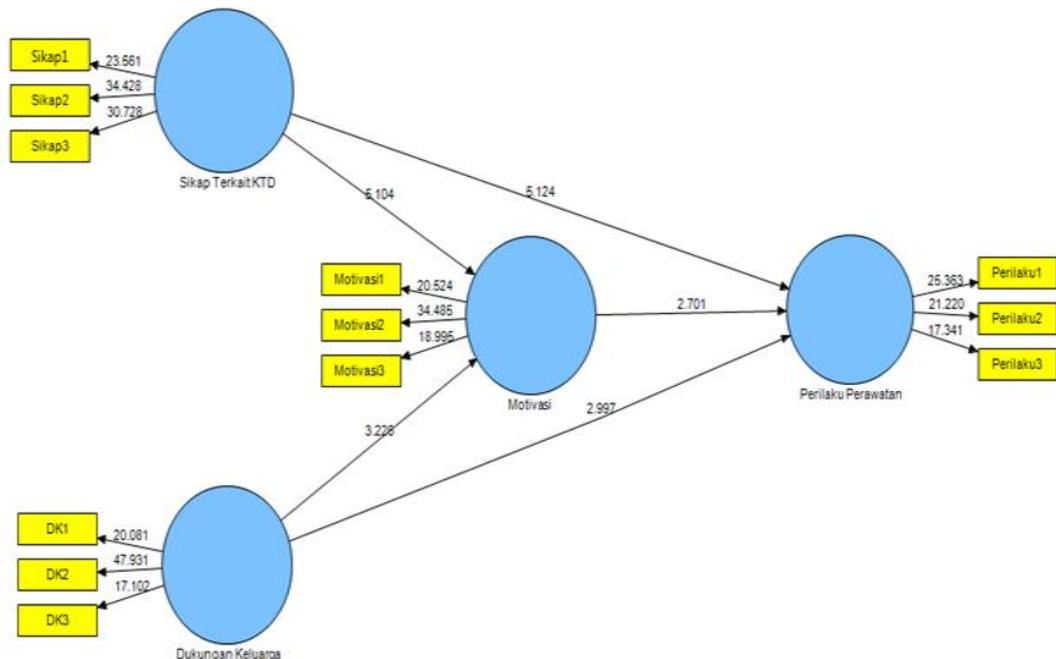
**Table-1.** GOF Value Outer Model

	AVE	Composite Reliability	Cronbach's alpha	R Square
Attitudes	0,753059	0.901411	0.872	
Motivation to take care of pregnancy	0,728960	0.889703	0.866	0.840919
Family support	0,757543	0.903520	0.879	
Pregnancy Care Behaviour	0,692119	0.870842	0.853	0.930714

Galat variable of attitudes:  $1-R_2^2$

Galat Variable of Motivation:  $1-R_1^2$

Based on the table above, the value of the GOF had lambda > 0.5 for all indicators on each variable (0.531 to 0.910) with statistically significant T values (greater than 1.96). the validity value can be seen from the Cronbach's alpha and the reliability can be seen from the composite reliability which was also high (greater than implied) so that the reading can be continued for GOF inner model (Figure 1) that will show the significance of each track so it can be seen that the entire track meet figures significant at  $\alpha = 5\%$  or not, the loading factor evaluation was performed to assess significant latent constructs with the construct, i. e by comparing the significant value of r-statistic respective latent constructs with the construct, i. e by comparing the significant value of T-statistics performed on the model. Tests on the structural model can be done by looking at the value of R Square, in explaining (Explanatory power) owned models, can be assessed by looking at the R-Square (R2) of the endogenous constructs that influence behavioural variables either directly or indirect effect through motivation. The value of R-Square was used to assess the effect of exogenous latent variables specific to certain endogenous latent variable have a substantive effect, to see significant constructs latent with the construct can be seen in the figure below :



**Figure-1** shows that all the relationship variables showed a significant relationship to the value T.1,96 which means an increase or decrease in the predictor variable to variable dependent of 1 point will increase or decrease the value of Rho with at least 95% accuracy rate.

**Table-2.** Path/Rho Value with T-Statistics and the relationship among the variables significances at Health Department of Bengkulu City in the year of 2013

Variables	Original Sample (O)	T-Statistics (0/STERR)	Reflexion T-Statistics	Ho	Results
Attitudes of unwanted pregnancy -> Motivation	0.563032	5.103919	1,96	Refused	Positive influence ad significant
Attitudes of unwanted -> Caring behaviour	0.544797	5.124366	1,96	Refused	Positive influence ad significant
Motivation -> caring behaviour	0.179120	2.701091	1,96	Refused	Positive influence ad significant
Family support -> Motivation	0.367014	3.226046	1,96	Refused	Positive influence ad significant
Family support -> caring behaviour	0.263480	2.997294	1,96	Refused	Positive influence ad significant

From table 2 above can be seen all the variables had a direct positive effect on the behaviour of prenatal care, pregnancy-related variables undesirable attitudes and family support had a direct influence on the motivation and had an indirect effect on behaviour through motivation with the path coefficient values above 1.96 so that it is said that the significant at 5% (t count > t table 1.96). Furthermore, the calculation of the percentage of influence among the variables is as follow:

**Table-3.** Percentage Effect between Variables Related Attitudes Unwanted Pregnancy, Family Support and Motivation against Pregnancy Care Behaviour in Bengkulu City Health Office in 2013

Sources	LVC	Direct Rho	Indirect Rho	Total	Direct %	Indirect%	Total
Attitudes of unwanted pregnancy	0.955	0.545	0,101	0.646	52.07%	8,34%	60.41%
Motivation to take care of pregnancy	0.910	0.179	0,000	0,179	16.31%	0,00%	
Family support	0.937	0.263	0,066	0.329	24.70%	5,37%	30.07%
			Total		93,07%	13,72%	90,48%

The above table stated that the attitudes associated unwanted pregnancy had the greatest direct influence on the behaviour that were equal to 52.07%, family support had a direct influence by 24.70%, and the motivation to care for the pregnancy had a direct influence on the behaviour of 16.31% and obtained total direct effects of 93.07% indirect effects of attitudes related unwanted pregnancy- toward prenatal care behaviour through motivation by 8.34%, while the indirect effects of family support on prenatal care behaviours through motivational 5.37%. The value of each independent latent variables direct effects when jointly demonstrate conformity to the value of R Square stated that the variable behaviour of prenatal care were able to be explained by the three variables of (52.07 + 24.70 + 16.31) = 93, 07%. While the mathematical equation as follows:

$$\eta_2 = \gamma_1 \xi_1 + \beta \eta_1 + \xi_2 \gamma_4$$

$$\eta_1 = \gamma_2 \xi_1 + \gamma_3 \xi_2$$

$\eta_2 = 0,545$  attitudes related KTD + 0,179 motivation to pregnancy care + 0,263 family support

$\eta_1 = 0,563$  attitudes related KTD + 0,367  
family support

Furthermore, the calculated value of Q Square served to assess the amount of variability or variation study data on the phenomenon that is going on, the results as follows:

Testing predictive relevance by using the formula  $Q^2 = 1 - (R12) (1-R22)$ , it can be described as follows:

$$\begin{aligned} Q^2 &= 1 - (1-R12) (1-R22) \\ &= 1 - (1-0,8409) (1-0,9308) \\ &= 0.9890 \text{ or } 98.90\% \end{aligned}$$

So the Q-square value = 98.90% predictive relevance Error Model = 100% -98.90% = 1.1%. It can be concluded that the model in this study was able to explain about 98.90% of data variability and able to examine the phenomenon in this study.

## DISCUSSION

Attitudes Construct related unwanted pregnancies in this research had the most direct influence than other constructs to behaviour that was equal to 52.07%, indicated that the effects of attitudes related unwanted pregnancy means a lot to someone in the act.

Based on the results obtained in the field showed that the attitudes of unwanted pregnancies related to pregnancy behavioural treatments in Bengkulu city can positively or support this is possible because of the cultural and religious factors that pregnant women should maintain the pregnancy. Pregnancy should end with the healthy birth of the baby that supports maternal attitudes to pregnancy care. People in Bengkulu City are tied with close social relationship, pregnant women do not want a pregnancy will do a termination effort will get social and legal sanctions, this underlies the existence of positive or supportive attitudes towards unwanted pregnancy. This attitude affects maternal behaviour to action that directs the mother to antenatal visits, maintain pregnancy by increasing intake of good nutrition for the growing fetus, avoid risky behaviours such as termination of pregnancy, smoking, coffee drinking and consumption of illegal drugs and alcohol consumption. Although not desired but in the city of Bengkulu pregnancy is always maintained. Culture and understanding that the child conceived adopted a family successor regardless desirable or not, because there is blood flowing in the body of the family's child thereby increasing support for pregnant women that can affect motivation in prenatal care. Unwanted pregnancy does not always end with the termination of pregnancy due to maternal effort recognizing that termination of pregnancy in addition to health-risk mothers and infants but also has a risk in the law, therefore, the best way is to maintain and care for the pregnancy. This is a positive influence on the behaviour of the mother during pregnancy as early antenatal visit to confirm pregnancy, schedule a visit to ensure maternal and infant health, immunization, and nutrition during pregnancy. A positive attitude in women whose unwanted pregnancies despite efforts to deny termination of unwanted pregnancies this prevents risky behaviours during pregnancy and improving the health of the search effort that increased prenatal care behaviour.

These results are supported by studies that have been done ([Chandhiok et al., 2006](#)) found that attitudes were positively correlated with antenatal and prenatal care visits. Mothers with unwanted pregnancies who have high motivation likely perform better antenatal visits. Results of the same study ([Yoshida et al., 2010](#)). That pregnant women who have a negative attitude toward the pregnancy 82.6% did not receive antenatal care. A positive attitude is a precondition towards health behaviours. Mothers who have a positive attitude towards pregnancy and antenatal care had a greater proportion of antenatal visits than women who have a negative attitude in accordance with previous studies that found the attitude of pregnant women is an important factor affecting the acceptance of service antenatal care.

Constructs of family support is a construct that has a direct effect and indirect effect on the behaviour of pregnant women in prenatal care, this means that the support of family positive effect on the motivation and behaviour of prenatal care in pregnant women.

Based on the results that have been obtained, it is indicated that family support significantly affects the behaviour of prenatal care in women with unwanted pregnancies. Family support has a direct or indirect influence on the behavioural treatment of pregnancy in women with unwanted

pregnancies. The direct effect of family support on the behavioural treatment of pregnancy in women with unwanted pregnancies to the value of the amount of 24.70% while the indirect effect of family support on the behavioural treatment of pregnancy in women with unwanted pregnancies to the value of the amount of 0.93% or 93%. Positive direction indicates that the influence of family support is proportional to the behavioural treatment of pregnancy in women with an unwanted pregnancy, this suggests that when family support is so great or high, then the behavioural treatment of pregnancy in women with unwanted pregnancies or the higher the better.

The results obtained in the field shows that the support of the family is the primary source of the most reliable service on the effort of searching health (Gipson *et al.*, 2008) influence the decision on prenatal care behaviours in women with unwanted pregnancies in the city of Bengkulu is still so strong and large this is possible because most of the people of Bengkulu embrace and customary patrilineal kinship, so decision-making in terms of prenatal care always involves families both the husband as head of the family or parents and relatives outside the nuclear family so the larger the family support the better prenatal care performed by women with unwanted pregnancies.

In the city of Bengkulu, familial and kinship ties are still very strong, always consider the health-seeking behaviour depends on the information and advice from families that is not only limited to the nuclear family but involve parents, grandparents, uncles or aunts, cousins and siblings, as a result, although it is an unwanted pregnancy but with a positive support from all members of the family it can be maintained and vice versa. Family support during pregnancy in women with unintended pregnancies is essential for maintaining a pregnancy, termination of pregnancy attempts always involve the family, also the behaviour of antenatal, prenatal care and avoid risky behaviour, if the family support is negative, the pregnant women with unwanted pregnancies tend to perform a risk behaviours and termination of pregnancy, late or even no antenatal visits.

Religious culture adopted by a family in the city of Bengkulu also influential in terms of family support to maintain an unwanted pregnancy. Efforts termination of pregnancy is considered a taboo or a big sin so families are always trying to maintain the pregnancy. In addition, in the city of Bengkulu addition of a new member in this case a child or grandchild is considered to increase the provision and add value to families in the community so that family members always give positive supports in terms of the antenatal care efforts. This is a positive influence on behavioural treatments during pregnancy. Family support in this research were found not only limited to family only as a source of information and motivation, but also financial support, when a family member experiences pregnancy all family members feel a sense of responsibility and take part in practice to sustain pregnancy and encourage efforts towards the search service health and antenatal visits. Culture in the city of Bengkulu suggest that parents have greater support as people who take responsibility becomes a source of family support which are the most reliable pregnancy-related pregnancy care.

The results are consistent with the research (Rahmani and Brekke, 2013) who found that family support influences efforts and health-seeking behaviour at antenatal care. The decision on treatment during pregnancy involves the family, especially in terms of decision making and the searching for the health of pregnant women who are not well supported by families in antenatal often have complications of pregnancy. Results of the same study also found, (Chandhiok *et al.*, 2006) that support of the family in this case the husband affects maternal behaviour toward antenatal visits. A husband who has a positive attitude will support pregnant woman in searching of health care during pregnancy. Motivational constructs treating pregnancy is a construct that has a direct influence on the behaviour of prenatal care. The results of this research found the motivation to care for pregnancy significantly affects the behaviour of prenatal care in women with unwanted pregnancies. Motivation treating pregnancy has a direct influence on behavioural treatments of pregnancy in women with unwanted pregnancies. The direct effects on the behaviour motivation in treating pregnancy in women with unwanted pregnancies were of 16.31%. Positive direction indicates that the influence of motivation is directly proportional to treating pregnancy prenatal care behaviours in women with unwanted pregnancies, this suggests that if the mother's motivation in taking care of an unwanted pregnancy is high, then the behavioural treatment of pregnancy in women with an unwanted pregnancy will be higher or better.

Based on the results obtained in the field shows that motivation to treat pregnancy on behavioural treatment in women with unwanted pregnancies in the city of Bengkulu is still high it is possible because in Bengkulu city embraces a very strong tradition that the unborn child is a desirable detached family successor or no, because there is blood flowing in the body of the family's child care thereby increasing motivation in pregnancy. Unwanted pregnancy does not always end with the termination of pregnancy due to maternal effort recognizing that termination of pregnancy in addition to health-risk mothers and infants but also has a risk in the law, therefore, the best way is to maintain and care for the pregnancy. This is a positive influence on the behaviour of the mother during pregnancy as early antenatal visit to confirm pregnancy, schedule a visit to ensure maternal and infant health, immunization, and nutrition during pregnancy.

Motivation treating pregnancy in women with an unwanted pregnancy is also based on the fact that some respondents felt this as a mistake, therefore, to make amends, they are motivated to treat the pregnancy as well as possible because of the efforts of termination of pregnancy if not successful will result in disability in infants and this will pose a problem or a double burden for the mother and family. In addition abortion is a disgrace and a great sin in the community that prenatal care should be taken to make up for the mistake.

These results are supported by the research (Chandhiok *et al.*, 2006) which found that motivation and attention to pregnancy will increase the use of health services will eventually influence the care. Mothers with unwanted pregnancies who have high motivation likely perform better antenatal visits. The results obtained by the same research, (Rahmani and Brekke, 2013), that motivation is one of the factors affecting antenatal care, mothers who have high motivation to start antenatal care early with the appropriate number of visits. There is a significant relationship between low motivation with low antenatal visit and search efforts on the health of pregnant women

In conclusion the variable prenatal care behaviours in mothers with unwanted pregnancies in Bengkulu City Health Department directly influenced by several variables, including attitudes related unwanted pregnancy, motivation in caring pregnancy and family support.

## CONCLUSION

The results of hypothesis testing using Structural Equation Model (SEM) by smart PLS method are as follows: The influence of attitude-related unwanted pregnancy variables toward pregnancy care behaviours in women with unwanted pregnancies by 52.07%, The influence of variable motivation toward pregnancy care for pregnancy behavioural treatment of pregnancy in women with unwanted pregnancies by 16.31%, and the Influence of the family support toward pregnancy care in women with unwanted pregnancies by 24.70%,

The direct effects between attitudes between unwanted pregnancies toward motivation to take care of pregnancy in women with unwanted pregnancies by 8.34% and the direct effect of family support toward motivation to take care of pregnancy in women with unwanted pregnancies by 5.37%.

Square Q value (predictive relevance) at 1:10% means that the model can explain the results of the analysis of 98.90% and is able to assess the diversity of the data used in the study phenomena 1:10% while the other components are not described in this study.

The direct effect of attitudes related unwanted pregnancy, motivation in caring pregnancy and family support toward unwanted pregnancies are suitable with the research that had been done by Chandhiok *et al.* (2006), Yoshida *et al.* (2010), Rahmani and Brekke (2013).

From these findings concluded that the variable behaviour of prenatal care in women with unwanted pregnancies in Bengkulu City Health Department directly influenced by several variables, including variables of attitudes related to unwanted pregnancy, Motivation Caring Pregnancy and Family Support. Based on the findings directly in this study, the positive values indicate that the influence of attitude-related unintended pregnancies, Family Support and Motivation in Caring Pregnancy proportional to the maternal behaviour with an unwanted pregnancy. With the information about the behaviour of prenatal care behaviour toward unwanted pregnancies expected maternal age < 20 years can behave in prenatal care behaviour toward unwanted pregnancy.

Attitudes related unwanted pregnancies have a direct influence on the behaviour of treating pregnancy in women with unwanted pregnancies with a positive direction therefore the more positive and supportive attitudes related maternal unwanted pregnancy, the better the behaviour of the mother in the care of her pregnancy, so it is expected to health care providers to provide antenatal counselling so that there is a positive attitude change related maternal unwanted pregnancies thereby increasing maternal behaviour in pregnancy care. Attitudes change can be done through structured health education, pregnant women class so she has a supportive attitude related unwanted pregnancy and a good behaviour in an effort to apply a pregnancy care.

Balanced nutrition indicators have the highest value of cross loading factor on attitude variables related to unintended pregnancies by 0.897502, therefore it is advisable to health care providers to provide education about nutritional needs during pregnancy in the form of nutritional counselling with a nutritionist that involves a change maternal attitudes in supporting the nutritional needs during pregnancy, which can eventually have a balanced nutritional intake behaviour in pregnancy.

Family support has a direct influence on the behaviour of care for pregnancy in women with unwanted pregnancies with a positive direction hence the higher family support the better the maternal behaviour in treating pregnancy with unwanted pregnancy though, so it is expected to families in order to improve the oversight and support systems in family as a source of strength for pregnant women with unwanted pregnancies to maintain pregnancy and prenatal care that is beneficial to the health of the mother and fetus. Support is also provided in addition to the form of financial support in the form of information and health care seeking behaviour in a good attempt.

Results of cross loading factor also found the highest value of family emotional support variable that is equal to 0.906136, therefore it is advisable to health care providers in order to provide pregnancy counselling through home visits to pregnant women who are at risk and do not want a pregnancy, it proved that the role of family can be increased as the giver of emotional support for pregnant women. Home visits conducted through community-based family of midwifery care in pregnant women with unwanted pregnancies so that counselling pregnant women not only in pregnant women only but involves all members of the family with the topic of discussion of physical and psychological changes during pregnancy, fetal development, physical and psychological needs of mothers pregnancy and danger signs and early detection of risk factors in order to form a family support that increase emotional support to pregnant women.

Motivation has a direct influence on the behaviour of care for pregnancy in women with unwanted pregnancies with a positive direction hence the higher motivation the better the mother's behaviour in taking care of her pregnancy even though the pregnancy is unwanted, so it is expected that all members of the family and health care providers to be source of reinforcement in the behaviour of mothers with prenatal care unwanted pregnancy. Likewise, maternal motivation needs to be increased in order to maintain the pregnancy and avoid risky behaviours and efforts termination of pregnancy and antenatal visits as scheduled. By increasing maternal motivation will influence the behaviour of prenatal care that benefits the health of the mother and baby.

Based on the value of cross loading factor Motivation Caring Pregnancy, high scores on self-esteem indicator of 0.868174, therefore it is advisable to service providers in order to form groups of pregnant women in a special class that include the couple so that they can share experiences and structure action during antenatal visits . Increasing self-esteem is also done by playing a role in parenting education classes on prenatal care, maternal and infant care after birth, causing high self-esteem, sense of belonging and desire maintain pregnancy and prenatal care schedule of antenatal visits.

Prenatal care also has the highest cross-loading factor on the variable antenatal care Behaviour of 0.849078, therefore it is advisable to healthcare providers in order to maximize the utilization of maternal and child counselling books (MCH) of pregnant women in counselling and antenatal care in pregnant women that contains the schedule visits, fetal development and alarms as well as advice that pregnant women can read clearly and understand what actions need to do to take care of the pregnancy. Giving messages at antenatal care based the local culture and local languages needs to be done at the time pregnant women with unwanted pregnancies visits and the provision of structured counselling materials with pictures, leaflets and posters given to pregnant women to take home so that they can repeat back home and can provide a serial message to the family with the

same material and can increase the positive outcomes of the behaviour of the mother in pregnancy care.

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