Interpersonal Influence Against Prevention of Preterm Labor in Kediri, Indonesia

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Abstract

Background: Until recently, preterm mortality and morbidity are still high and these relate to organ maturity in newborn baby such as lung, brain and gastrointestinal. Data of preterm labor in Gambiran Hospital Kediri in 2015 showed that there were 128 babies from 838 childbirths (15.27%) and in 2016, there were 167 babies from 1126 childbirths (14,83%). However, the most causes of preterm birth was Preterm Premature Rupture of the Membranes/ PPROM, and the second most causes was partus prematurus imminens and severe preeclampsia. **Purpose:** This research aimed at investigating interpersonal influence against prevention of preterm labor. **Method**: This research was conducted in Health Office area of Kediri, involving 9 Public Health Centers and the population was pregnant mothers who were in 14 weeks until <28 weeks of gestation. Sample of this research was 425 respondents through quantitative approach and cross sectional study design. Then, the result was analyzed by using PLS-SEM. **Results**: Interpersonal influenced directly against prevention of preterm labor in 38% and indirectly, it influenced prevention of preterm labor through intermediate variable of cognitive and emotional response in 53%. **Conclusion:** Interpersonal, cognitive, and emotional response, and commitment directly influenced prevention of preterm labor due to having value in >1,96. This model could be used in population for preventing preterm labor.

Keywords: Interpersonal, Pregnant woman, Prevention of preterm labor

Introduction

Interpersonal influence is a consciousness regarding behavior, belief, or attitude against other people. This consciousness can be suitable or unsuitable with reality. Main sources of interpersonal influence on health promotion behavior are family, friends, and health nurse officers. Interpersonal influence involves norm (expectation from people around such as from family), social support (emotional and instrumental support), and modeling (learning through observing personal particular behavior). These three interpersonal processes to several health researches seem to predispose someone to do health promotion behavior. Furthermore, interpersonal influences health promotion either directly or indirectly through social support in order to commit against action plans.

In 1961, World Health Organization[1] stated that preterm baby was newborn baby who was born and alive before 37 weeks of gestation (calculated from first day of last menstruation). In other words, preterm baby was baby who had 37 weeks of gestation age without noticing birth weight. Most of baby who was born with birth weight in less than 2500 grams was known as preterm[2].

Causes of preterm birth from mother factors are: mother's age is below 20 years and above 35 years, the distance of pregnancy is less than 24 months, parity in more than 3 times, suffering anemia, having history of preterm labor before, less or more nutritional status.

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Meanwhile, from fetal factors are: multiple pregnancy, placenta previa, placental solutio.

However, there were many complications in preterm birth, such as having respiratory distress syndrome, retinopati of prematurity, enterocolitis, low blood glucose, hypothermia, infection, jaundice and death. Therefore, by knowing those complications, it is needed to conduct prevention actions of preterm labor, which are through risk scoring system, regular physical check, cervical length check with USG, bedrest, increase of antenatal visits, antibiotic therapy, social support, having medical check to doctor if there is infection or contraction of abdominal, having medical check to dentist for treating teeth for dental growth and baby bones.

Until recently, preterm mortality and morbidity are still high and these relate to organ maturity in newborn baby such as lung, brain and gastrointestinal. In West countries, 80% from neonatal deaths is an influence of preterm. For safe babies, 10% of them undergo long-term problem[3]. If we compare with baby who is born in enough months/ normal gestation, preterm baby particularly who is born in <32 weeks of gestation has 70 times higher of mortality risk because they have difficulty to adapt with outside life from the womb due to immaturity of his/her body organ system such as lung, kidneys, heart, and digestive system. About one-fifth of babies who are born under 32 weeks of gestation cannot survive in first year if it is compared with 1% of mortality from baby who is born with 33-36 weeks of gestation and only about 0,3% of mortality from baby who is born with enough months of gestation. Moreover, fetal death is often caused by Respiratory Distress Syndrome-RDS, intraventricular bleeding, bronchopulmonary dysplasia, sepsis, and necrotizing enterocolitis[4]. According to Basic Health Research of Indonesia in 2007, preterm incidence rate was 11.5%[5]. Basic Health Research in 2010 was still found 11,1% of newborn baby with low birth weight (less than 2500 grams)[6]. Data of preterm labor in Gambiran Hospital Kediri in 2015 showed that there were 128 babies from 838 childbirths (15.27%) and in 2016, there were 167 babies from 1126 childbirths (14.83%). However, the most causes of preterm birth was Preterm Premature Rupture of the Membranes/ PPROM, and the second most causes was partus prematurus imminens and severe preeclampsia.

Method

Design of this research was cross sectional. The variable was interpersonal perception as independent variable and prevention of preterm labor as dependent variable. Population in this research was all of pregnant mothers who were in second trimester in Public Health Center in Kediri. Moreover, there were 425 respondents and data was analyzed by SEM-PLS.

Findings

Based on data analysis, the results of the study are presented in Table 1. It can be seen that the T value for all lines was > 1.96 so that it could be concluded that the entire path of influence is significant.

Table 1. The Results of Data Analysis

Causality Correlation	Parameter Coefficient	Standard error	T-statistics
Interpersonal →Prevention of preterm	0.385	0.060	6.376
Interpersonal → R. Cognitive	0.532	0.040	13.281
R. cognitive →Prevention of preterm	0.201	0.068	2.965
R. cognitive →Commitment	0.341	0.067	5.094
Commitment →Prevention of Preterm	0.184	0.067	2.742

Discussion

Based on the results of this study, can be interpreted that there is a significant correlation between interpersonal interaction and prevention of preterm labor. The results of the analysis of the aforementioned influences were not only through one path, but through many paths either directly or indirectly. The complete path can be seen in Table 1. It can be seen that the T value for all lines was > 1.96 so that it could be concluded that the entire path of influence is significant.

In line with the results of this study, Mc-Croskey & Mc-Cain concluded in their research that: (1) the more people are interested each others, the more people

communicate each others, and (2) attractiveness against other people makes many effects which are owned in interpersonal communication[7]. However, attitude of similarity and closeness to interpersonal attraction in group of friendship had high value rather than the different one[7].

Conclusion

Based on data analysis could be concluded that interpersonal, cognitive and emotional response, and commitment influence the prevention of preterm labor.

Additional Information

Conflict of Interest: No

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