

## **Analysis of Lawrence Green Theory Concerning Pregnancy Sexuality Behavior to Sexual Behavior Change in Primigravida in Kediri**

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### **ABSTRACT**

Pregnancy in primigravida often gets behavioral changes during intercourse in pregnancy. Behavioral changes are influenced by predisposing factors, enabling factors, and appropriate reinforcing factors in Lawrence Green's theory. The purpose of this research was to analyze the influence of Lawrence Green's theory about the behavior of pregnancy sexuality to sexual behavior change in primigravida pregnant women in Kediri. The design of this study was observational with cross sectional approach. Sampling technique used purposive sampling got 38 respondents. Data collected by using questionnaire. Data collected was processed using multiple linear regression test with significance level  $\alpha = 0,05$ . The results showed that the predisposing factors influenced the sexual behavior of pregnancy in good category as many as 22 respondents (57.9%). Possible factors also influence the sexual behavior of pregnancy in the good category as many as 26 respondents (68.4%). While the reinforcing factors affect the sexual behavior of pregnancy in the good category as many as 33 respondents (86.8%). The result of multiple linear regression test obtained p value = 0,000 < 0,05 then H1 accepted mean there is influence of Lawrence Green theory about sexuality behavior of pregnancy to sexual change at primigravida in Kediri. Lawrence Green's theory consist of predisposing factors (knowledge, attitudes, beliefs), enabling factors (facilities and health facilities), and reinforcement factors (support of husbands, parents, friends) is a behavioral theory that greatly influences sexual behavior change in primigravida women.

**KEYWORDS:** Lawrence Green Theory, Sexual Pregnancy Behavior, Primigravida

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### **INTRODUCTION**

Pregnancy is a process of ovulation and the meeting of the ovum and spermatozoa there is conception and growth of the zygote and then on the uterus and the formation of the placenta and the final stage is the growth of conception until term. [1]. Physical and psychological changes in pregnant women especially in the primigravida may affect affective bond with the husband, especially in sexual activity. [2]

In a research which is conducted by the Population and National Family Planning (BKKBN) mentioned that basic knowledge of reproductive health is relatively limited as indicated by 57.89% of respondents did not know the meaning of sexuality. Respondent's attitude to health promotion sexuality based the mythical in society gives a relatively good indication, but the doubt are also felt relatively. Information on sexuality is only 58.33% obtained from health worker and 31.6% obtained from other sources. [3]

Based on the preliminary research in Kediri, the number of primigravida women who performed antenatal examination in January - February 2017 was 46 people. At the time of collecting data on February 15, 2017 there were 10 primigravida women consisting of 4 people trimester I, 3 people trimester II, and 3 people trimester III. Based on interviews 10 primigravida women said they were still afraid to have sexual intercourse and only do sexual activity without coitus for fear of miscarriage but there are also primigravida who have sex without worry because according to his belief it can make labor more easy. The results of interviews with 3 of 4 pregnant women primigravida trimester I said that they still afraid of sexual intercourse because of the age of pregnancy is young and afraid of resulting miscarriage, so they just do a kiss and hug with husband. 1 people of trimester I said still do sexual intercourse because the mother regularly visits Antenatal Care (ANC), and counseling about pregnancy sexuality with midwife, so she doesn't feel worried during sexual intercourse. In pregnant women primigravida trimester II with 3 people got the results of the

interview that they keep doing coitus relationships during the condition of the fetus there is no problem and mothers routinely conduct examination and counseling with the midwife. Whereas in pregnant women primigravida trimester III with 2 of 3 people said that not afraid to do coitus relationship because they believe that in trimester III can accelerate labor, and 1 of them feel afraid to do coitus because the culture avoid that. Viewed from medic if the pregnancy doesn't have problem or have no high risk, sexual intercourse will not cause any effect on the baby. [4]

Lawrence Green's theories try to analyze human behavior from the health level by making it happen by health promotion programs. Lawrence Green (1991) also explained that behavior is determined or formed from predisposing factors (factors from within individuals that include knowledge, attitudes, beliefs, values and norms), supporting factors (health facilities, access to health facilities, health rule, and skills related to health), and reinforcement factors (health workers, community leaders, or influential people in decision-makers). [5] This research aims to know the influence of Lawrence Green's theory about the behavior of pregnancy sexuality towards sexual behavior change in primigravida women in Kediri.

## RESEARCH METHODS

The design of this research was observational with cross sectional approach. Sampling technique used purposive sampling got sample 38 respondents. Technique of collecting data was using questioner. Data collected was processed using multiple linear regression test with significance level  $\alpha = 0,05$ .

## RESULTS

**Table 1. Respondent characteristics**

characteristics	N	%
<b>Gestational age</b>		
Trimester 1	11	29
Trimester 2	11	29
Trimester 3 <sup>6</sup>	16	42
<b>Education information</b>		
Ever	32	84
Never	6	16
<b>Source of information</b>		
None	6	16
Health worker.	25	66
Brochure, newspaper	1	2
Friends	3	8
Others	3	8
<b>Predisposition factors</b>		
Good	22	57.9
Enough	15	39.5
Less	1	2.6
<b>Enabling factors</b>		
Good	26	68.4
Enough	11	28.9
Less	1	2.6
<b>Supporting factors</b>		
Good	33	86.8
Enough	4	10.5
Less	1	2.6
<b>Sexual behavior</b>		
Good	27	71.1
Enough	10	26.3
Less	1	2.6
<b>Total</b>	<b>38</b>	<b>100</b>

Source: data analysis, 2017

Based on the table above from the total 38 respondents of gestational age in Trimester III there are 16 respondents (42%), had received educational information 32 respondents (84%), obtained information sources from midwives / health worker 25 respondents (66%), had knowledge, behavior and trust are 22 respondents (57,9%) have influence from facilities with good category as many as 26 respondents (68,4%), influence from husband, parents, and friends with good category as many as 33 respondents (86 ) and had sexual behavior with good category as many as 27 respondents (71.1%).

**Table 2. Summary model data analysis**

R	R square	Appropriate with degree	Standard of error	Score Durbin-Watson
.809 <sup>a</sup>	.654	.633	4.6497	1.487

Based on Durbin-Watson score of 1.487 means there is no correlation (free of autocorrelation) between errors in period t with errors in the previous period. It is proved again with the standard error estimation of 4.96497 which is smaller than the standard deviation of sexual behavior is 8.19100 so that multiple linear regression model is good used in this research.

**Table 3. Summary model data annova**

Model	Sum of Square	Freedom of degree	Average Square	F count	Significant value
<b>1 Regression</b>	1492.313	2	746.157	30.269	.000 <sup>b</sup>
<b>Residual</b>	788.829	32	24.651		
<b>Total</b>	2281.143	34			

From the data above it can be seen that the significance value of 0.000 is lower than the alpha of 0.05, it can be concluded that this regression model shows that between the predisposing, enabling and reinforcing variables with pregnancy sexual behavior variable there is a linear relationship.

**Table 4. Coefficient model data analysis**

Model	Coefficient not standard		Standard Coeffici Beta	T count	Significant value
	B	Standard error			
<b>1 (constant)</b>	53.059	5.587		9.496	.000
<b>Predisposition</b>	.391	.265	.251	5.477	.016
<b>Enabling</b>	.058	.415	.023	3.139	.004
<b>Reinforcing</b>	.195	.478	.069	4.408	.008

The table above shows T count is 5.477 for predisposing, 3.139 for enablers and 4,408 for reinforcing with significance below 0.05 then this implies understanding of sexual behavior of pregnancy influenced by predisposing, enabling and reinforcing.

## DISCUSSION

### **Predisposition Factor in The Lawrence Green Theory In Primigravida About Sexual Pregnancy.**

The influence of predisposing factors in Lawrence Green's theory of primigravida about sexual pregnancy is almost in good category as many as 22 respondents (57.9%).

According to Lawrence Green's theory, predisposing factors consist of knowledge gained from one's own experience or experience from others, so it can change behavior to health, public attitudes to health that describe a person's likes or dislikes to the objects and beliefs of society related to health. [5]

Age and education of a person will affect one's level of knowledge. With the age of a person, then there will be physical and psychological changes (mental). The more mature someone will more easily in

receiving knowledge. [6] To realize a behavioral action needs to be preceded by the existence of knowledge, attitude and influenced by internal and external factors. There are several factors that can influence the knowledge of education, work, age, interests, experience, culture, and information. [6]

Respondents who more often get information from health workers or from other sources will gain maximum knowledge so that individuals know better behave in accordance with the information obtained.

### **Enabling Factors in The Lawrence Green Theory in Pregnant Women Primigravida About Sexual Pregnancy.**

The effect of enabling factors in the Lawrence Green theory on primigravid about sexual pregnancy is almost in good category as many as 26 respondents (68.4%).

This is supported by cross-tabulation data of respondent's characteristic with the enabling factor that is the age factor which majority of respondent have influence of enabling factor in good category 20-30 years old that is 14 respondent (36,8%). With the age of a person, it will be different way of thinking. Young women with 20-30 years of age differ in attitude and behavior when compared with older women or those who are <20 years old, this is due to the use of health facilities provided by health worker. For example, counseling facilities on sexuality during pregnancy. [6]

From the results of the research showed that the mother as housewife can obtain information about the visit of pregnancy examination is more maximized in accordance with the wishes of the mother, for example the mother prefers the facility where the examination of pregnancy is considered Mother can satisfy both the services and counseling provided by health workers. In addition, information can also be obtained from books that discuss about pregnancy.

Pregnancy age which has in good category in third trimester is 11 respondent (28,9%). In the third trimester more use of health facilities compared to trimester I and trimester II because trimester III respondents more often doing ANC so that respondents more often also counseling about sexuality during pregnancy.

### **Reinforcement Factor In Lawrence Green Theory In Pregnant Women Primigravida About Sexual Pregnancy.**

Influence of reinforcement factor in Lawrence Green theory on pregnant primigravida pregnant women, is almost in good category as many as 33 respondents (86.8%).

The results showed that the majority of respondents were 15 respondents (39.5%) in good category. Housewife more easily influenced by their close people. For example, housewives work at home and more often interact with families, especially with husbands so that more get support from the husband, because most respondents are more taking the time to talk about sex during pregnancy with a husband.

Respondents who have received educational information in good category as many as 27 respondents (71,1%), and supported by information source which majority obtained from midwife / health worker is 21 respondent (55,3%). Midwives / health worker are more used for counseling by respondents compared to other information sources because the respondents trust the midwife / health worker is a good source of information for his health.

### **Sexual Behavior Pregnancy in Primigravida Pregnant Women.**

Changes in sexual behavior of pregnancy in primigravida women are almost in good category as many as 27 respondents (71.1%). This is supported by cross-tabulation data characteristic of respondent with sexual behavior of pregnancy that is pregnancy which have sexual behavior of pregnancy in good category is in trimester III that is 13 respondent (34,2%), and who ever get educational information there are 23 respondents (60,5 %) and the majority who have good sexual behavior in pregnancy category, and supported by information source which majority obtained from midwife / health worker is 17 respondent (44,7%).

In the Setyowati research in 2011 it was mentioned that mothers with pregnancy parity primigravida don't have experience with pregnancy including with sexuality. Convenient and satisfying sexual intercourse

is an important component of marital relationships. Sexual intercourse is said to be fun and rewarding if one party can give the best erotic pleasure to her partner and also get the best erotic pleasure from her partner. [7].

Sexual intercourse is said comfortable and satisfying when in sexual relations both partners do not complain about something and at the time of sexual intercourse both couples both get pleasure instead of pain [7]

On the third trimester of a pregnant woman will get changes in body and big, so they feel unconfident, in addition the movement is also limited. This leads to discomfort and difficulty in sexual intercourse.

Based on the results showed that the majority of respondents have sexual behavior during pregnancy in either category. Respondents behave sexually during pregnancy well; this is influenced by various factors. Improper sexual behavior of pregnancy will have an impact on infants and mothers. Primigravida mothers who are still taboo for counseling about pregnancy sexuality to health workers, will behave differently according to the information obtained, may even harm the health of mothers and infants if the mother has a history of disease. Good pregnancy sexual behavior is a good sexual relationship and do not have a risk.

### **Analysis of Lawrence Green Theory About Sexuality Pregnancy Against Sexual Behavior Changes In Primigravida Pregnant Women.**

Based on the results of the analysis using multiple linear regression model summary, annova and coefficient shows p value = 0.000  $< \alpha = 0.05$  so  $H_0$  rejected and  $H_1$  accepted which means there is influence of Lawrence Green theory about sexuality behavior of pregnancy to change sexual behavior in primigravida in Kediri.

Behavioral changes are influenced by various factors: predisposing factors, enabling factors, and reinforcing factors. These factors include knowledge, community attitudes, beliefs, and facilities, as well as support from people around so it is very influential in one's behavior. [6]

Pregnancy has some influence on female sexual behavior. The changes in sexual activity in women can be affected by the psychological and physiological changes that occur during pregnancy. Physical and psychological changes that occur during pregnancy make married couples feel afraid of sexual intercourse during pregnancy, especially in the first and third trimesters. In the third trimester, due to increased body complaints, breast changes, and body size can cause pleasure and interest in sexual decline [8].

### **CONCLUSION**

1. Predisposing Factors in Lawrence Green theory influenced pregnancy sexuality behavior in primigravida in Kediri in good category, that is 22 respondents (57.9%).
2. Enabling Factors in Lawrence Green's theory affect pregnancy sexuality behavior in pregnant women primigravida in Kediri in good category, that is 26 respondents (68.4%).
3. Reinforcing Factors in Lawrence Green's theory affect the behavior of pregnancy sexuality in primigravida in Kediri in good category, that is 33 respondents (86.8%).
4. Sexuality behavior of pregnancy in pregnant woman primigravida in Kediri in good category, that is 27 respondents (71.1%).
5. There is influence of Lawrence Green's theory about sexuality behavior of pregnancy to sexual change in primigravida in Kediri which shows p value = 0,000  $< \alpha = 0.05$  so  $H_0$  is rejected and  $H_1$  accepted.

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