

ABSTRAK

ASERTIVITAS IBU HAMIL UNTUK MELARANG MEROKOK DI DALAM RUMAH: PERBANDINGAN ANTARA LOMBOK UTARA DAN BIMA, NUSA TENGGARA BARAT TAHUN 2016-2018

Latar belakang: Ibu hamil merupakan populasi yang sensitif terhadap paparan asap rokok karena asap rokok dapat menyebabkan dampak kesehatan yang buruk, terutama untuk bayi yang dikandung. Salah satu solusi untuk menghindari dampak asap rokok pada ibu hamil adalah dengan meminta perokok untuk tidak merokok di dalam rumah. Oleh karena itu, asertivitas ibu hamil untuk melarang merokok di dalam rumah berperan penting dalam mewujudkan hal tersebut.

Tujuan: Mengetahui perbedaan asertivitas antara ibu hamil di Kabupaten Lombok Utara dan Kabupaten Bima, Nusa Tenggara Barat (NTB).

Metode: Penelitian ini merupakan penelitian *cross sectional* dengan mengambil data sekunder dari penelitian *Peer Health Second-Hand Smoke-aLow Birth Weight* (SHS-LBW) pada tahun 2016-2018 yang berjudul "Dampak Pengurangan Asap Rokok di Rumah terhadap Prevalensi Bayi Berat Lahir Rendah (BBLR) dan Kesehatan Neonatus" di mana Lombok Utara merupakan daerah intervensi dan Bima merupakan daerah kontrol. Sampel penelitian ini seluruhnya menggunakan partisipan penelitian payung yaitu ibu hamil yang berumur kehamilan 6 bulan. Analisis data dilakukan secara univariabel (distribusi frekuensi dalam n dan %), bivariabel (p value, PR, CI 95%), dan multivariabel (p value, OR, CI 95%).

Hasil: Persentase partisipan penelitian yang memiliki asertivitas tinggi adalah 51,3%. Intervensi penelitian *Peer Health* SHS-LBW berdasarkan lokasi tidak memiliki hubungan yang signifikan dengan asertivitas ibu hamil (PR = 0,98; CI 95% = 0,908-1,061). Jika dilihat dari jenis intervensi, ibu hamil yang mendapatkan intervensi kegiatan komunitas Rumah Bebas Asap Rokok (RBAR) memiliki kemungkinan asertivitas yang lebih tinggi dibandingkan ibu hamil yang tidak mendapat (PR = 1,22; CI 95% = 1,087-1,362). Faktor-faktor di luar intervensi yang memengaruhi tingginya kemungkinan asertivitas ibu hamil berturut-turut adalah terpapar media (OR = 1,91), umur dewasa awal (26-37 tahun) (OR = 1,74), berpengetahuan baik (OR = 1,73), berpengetahuan cukup (OR = 1,46), dan mencapai pendidikan minimal SMA (OR = 1,38).

Kesimpulan: Tidak terdapat perbedaan asertivitas antara ibu hamil di Kabupaten Lombok Utara dan Bima. Selain itu, ibu hamil yang mendapat intervensi kegiatan komunitas RBAR memiliki kemungkinan asertivitas yang lebih tinggi dibandingkan ibu hamil yang tidak mendapat.

Kata kunci: ibu hamil, perokok pasif, asertivitas, merokok di rumah, *Peer Health* SHS-LBW Nusa Tenggara Barat

ABSTRACT

ASSERTIVITY OF PREGNANT WOMEN TO PROHIBITED SMOKING INSIDE THE HOME: COMPARISON BETWEEN NORTH LOMBOK AND BIMA, NUSA TENGGARA BARAT YEAR 2016-2018

Background: Pregnant women are a population that is sensitive to exposure to cigarette smoke because cigarette smoke can cause adverse health effects, especially for the unborn baby. One solution to avoid the impact of secondhand smoke on pregnant women is to ask smokers not to smoke in the house. Therefore, the assertiveness of pregnant women to prohibit smoking in the house plays an important role in realizing that.

Objective: Knowing the differences in assertiveness between pregnant women in North Lombok Regency and Bima Regency, West Nusa Tenggara (NTB).

Method: This research is a cross-sectional study by taking secondary data from Peer Health Second-Hand Smoke-a Low Birth Weight (SHS-LBW) research in 2016-2018 entitled "The Impact of Reducing Cigarette Smoke at Home on the Prevalence of Low Birth Weight Babies (LBW) and Neonatal Health" where North Lombok is the intervention area and Bima is the control area. The sample of this study entirely used umbrella research participants whose are pregnant women who were 6 months pregnant. Data analysis was performed using univariable (frequency distribution in n and %), bivariable (p value, PR, 95% CI), and multivariable (p value, OR, 95% CI).

Result: The percentage of research participants who have high assertiveness is 51.3%. The SHS-LBW Peer Health study intervention based on location did not have a significant relationship with the assertiveness of pregnant women (PR = 0.98; 95% CI = 0.908-1.061). When viewed from the type of intervention, pregnant women who received the intervention of the Smoke Free House community activity had a higher probability of assertiveness than pregnant women who did not receive it (PR = 1.22; 95% CI = 1.087-1.362). Factors outside the intervention that influenced the high probability of assertiveness in pregnant women were exposure to the media (OR = 1.91), early adulthood (26-37 years) (OR = 1.74), good knowledge (OR = 1.73), knowledgeable enough (OR = 1.46), and at least high school education (OR = 1.38).

Conclusion: There was no difference in assertiveness between pregnant women in North Lombok and Bima districts. In addition, pregnant women who received RBAR community activity interventions had a higher probability of assertiveness than pregnant women who did not receive it.

Keywords: pregnant women, passive smoking, assertiveness, smoking at home, Peer Health SHS-LBW Nusa Tenggara Barat