

# Knowledge and Attitudes of Pregnant Women during Antenatal Care Visit at Abi Ummi DW Sarmadi Clinic Palembang Relationship Knowledge and Attitude of Pregnant Women Against Antenatal Care Visit In Abi Ummi DW Sarmadi Clinic Palembang

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## ABSTRACT

Background Antenatal care is an important way to monitor and support and detect the health of pregnant women with normal mother normal pregnancy. The objective of this study is to know the relationship of knowledge and attitudes of pregnant women against antenatal care visit in Abi Ummi DW Sarmadi Clinic Palembang. The Methods used in this research are analytic surveys with the approach of "cross sectional" and samples are taken with consecutive sampling technique with 64 respondents. This data collect use questionnaire and bivariate analysis with chi-square tests. The result there is a significant relationship between knowledge with antenatal care visited in Abi Ummi DW Sarmadi Clinic Palembang with p value = 0,000, then significant relationship between attitude with antenatal care visited in Abi Ummi DW Sarmadi Clinic Palembang with p value = 0,000.

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## 1. Introduction

Indonesia is a country with the highest maternal and perinatal mortality rates from other Asian countries, which means that the ability to provide health services still requires improvements that are holistic and of higher quality. The main causes of maternal death are bleeding 30.5%, infections 22.5%, gestosis 17.5%, and anesthesia 2.0%. To identify this, the government has established many strategies and policies in the form of health improvement programs including increased antenatal care care that has been better known as ANC which is care given to mothers during pregnancy (Sarwono, 2009).

Maternal and infant deaths during childbirth can actually be prevented if pregnancy complications and high-risk conditions can be detected early, so that they immediately get accurate treatment. This can be done with quality antenatal care (ANC), the realization of which is in the form of pregnancy care, childbirth assistance and postnatal care. Every pregnant woman should receive good care of her pregnancy by checking her pregnancy, but in reality there are still many pregnant women who do not understand more about pregnancy check up (ANC). Pregnancy involves physical and emotional changes from the mother as well as social changes in the family. In general, pregnancy develops normally and results in a healthy birth of a baby through the birth canal, but sometimes it is not as expected, so pregnancy can become a problem if not examined early. Low public awareness about the health of pregnant women is a determinant of mortality, although there are still many factors that must be considered to deal with this problem should pregnant women have to do Antenatal care (Agung et al, 2006).

*Antenatal care* is a pregnancy check carried out to check for maternal and fetal pregnancy periodically, which is followed by an effort to correct any deviations found. The aim is to ensure that pregnant women can carry out their pregnancy, childbirth and childbirth well and safely, and produce healthy babies. Antenatal care checks are performed by doctors, midwives, nurses (Mochtar, 2005)

WHO (World Health Organization) estimates that around 15% of all pregnancies will develop into complications related to pregnancy, both directly and indirectly. Direct complications include: bleeding, infection, eclampsia, prolonged parturition and abortion complications, while indirectly anemia is as much as 51%. Based on the Household Health Survey (SKRT) in 1995, lack of protein energy and lack of calories of energy as much as 4.8% according to the 2000 census. However, Antenatal Care is one of the earliest efforts to prevent pregnancy complications. With Antenatal

Care early pregnancy complications can be detected (Sulistyawati, 2009).

Based on Indonesia's health profile in 2010 the achievement of Indonesia's first visit service coverage indicator in 2010 was 95.26% and the fourth visit was 85.56%. The scope of Indonesia's first visit was in line with the Millennium Development Goals (MDG'S) target of 95% while the fourth visit was still not in line with the MDGS target of 90%, from the achievement figures above there was seen a gap between the scope of the first visit and the fourth visit which showed a drop rate out, in other words there are pregnant women who make the first visit of antenatal services do not continue until the fourth visit in the third trimester, so that the pregnancy cannot continue to be monitored by health workers. Nationally the coverage (first visit) to health facilities is 84.54% while the coverage of the fourth visit is 64,

The maternal mortality rate in South Sumatra Province in 2011 was 133 deaths / 100,000 while in 2012 149 deaths / 100,000 in 2013 146 deaths / 100,000 (South Sumatra Health Office, 2014). The target set by MDG'S is that in 2015 there will be as many as 102/10000 births, so the MMR in South Sumatra is still relatively high (South Sumatra Health Office, 2014).

One of the targets of the Antenatal Care visit has not yet been achieved, one of which is due to an understanding of the guidelines for Maternal and Child Health (MCH), especially pregnancy examination visits, which are still lacking, so that pregnant women who still do not know the importance of regular pregnancy checks (yunita, et al 2013).

One of the factors that influence the high maternal mortality rate (MMR) is the attitude and behavior of the mother herself during pregnancy and is supported by the mother's knowledge of her pregnancy. If a pregnant woman has more knowledge about the high risk of pregnancy, then most likely the mother will think of determining attitudes to prevent, avoid or overcome the problem of the risk of pregnancy. And mothers have awareness to make antenatal visits to check their pregnancy, so that if there is a risk during pregnancy can be handled early and appropriately by health workers (Sopiana, 2011)

Antenatal care examination is also influenced by the behavior of pregnant women which is basically formed of two factors, namely, internal factors including the level of knowledge (intelligence), emotional level, attitude, motivation, and external factors including the environment and health services. So the behavior of pregnant women in caring for their pregnancy is also influenced by knowledge of the pregnancy (Watti, 2011).

Based on the results of interviews conducted by researchers at the Abi Umami DW Sarmadi Clinic in Palembang of 10 pregnant women, found 6 of them mothers did not make a pregnancy visit according to the gestational age. This is partly due to the lack of information about antenatal care there are still many mothers who do not visit clinics or health centers because they feel that if nothing happens in their pregnancy there is no need to do a pregnancy check. The problem of the availability of services is also very decisive, where midwives and nurses in this region are still classified as young and not domiciled in the village, so that midwives and nurses cannot provide antenatal care services on a regular basis and are less able to monitor the development of pregnant women in villages that are out of reach at the puskesmas or Hospital,

## **2. Research Methods**

The research method used in this study is an Analytical Survey with the "Cross Sectional" approach where the independent variables (Knowledge and Attitudes of the mother) and the dependent variable (Antenatal Care) are collected at the same time (Notoatmodjo, 2012). The sample in this study was taken using a non probability sampling technique with consecutive sampling method where all mothers who came in sequence and met the selection criteria were included in the study until the required number of samples were met. So the sample in this study were 64 people.

## **3. Research Result**

### **3.1. Univariate Analysis**

Analysis is carried out on the variables of the research results to determine the frequency and percentage of the independent variables (knowledge and attitudes) with the dependent variable (ANC). Data is presented in the form of frequency distribution tables and text.

**Table 1**

Frequency Distribution of Respondents Based on Characteristics at Abi Ummi DW Sarmadi Clinic Palembang

| No | Variable             | Frequency | Percentage (%) |
|----|----------------------|-----------|----------------|
| 1  | Age                  |           |                |
|    | Teenagers aged 13-18 | 17        | 26.6           |
|    | Adults aged 19 - 55  | 47        | 73.4           |
| 2  | Education            |           |                |
|    | High                 | 34        | 53.1           |
|    | Low                  | 30        | 46.9           |
| 3  | Profession           |           |                |
|    | Work                 | 30        | 48.4           |
|    | Does not work        | 34        | 53.1           |
| 4  | Parity               |           |                |
|    | Primipara            | 31        | 46.8           |
|    | Multipara            | 33        | 51.6           |
| 5  | Knowledge            |           |                |
|    | Good                 | 26        | 59.4           |
|    | Enough               | 18        | 37.5           |
|    | Less                 | 2         | 3.1            |
| 6  | Attitude             |           |                |
|    | Positive             | 38        | 59.4           |
|    | Negative             | 26        | 40.6           |
| 7  | ANC visit            |           |                |
|    | Regular              | 38        | 59.4           |
|    | Less regularly       | 13        | 20.3           |
|    | Irregular            | 13        | 20.3           |

**Table 2**

Distribution of Knowledge Frequency with ANC Visit at Abi Ummi DW Sarmadi Clinic Palembang

| Variable  | ANC visit |      |                |      |             |      | amount |      | P Value |
|-----------|-----------|------|----------------|------|-------------|------|--------|------|---------|
|           | Regular   |      | Less regularly |      | Not Regular |      | N      | %    |         |
|           | N         | %    | N              | %    | n           | %    |        |      |         |
| Knowledge |           |      |                |      |             |      |        |      | 0,000   |
| Good      | 35        | 92.1 | 1              | 7.7  | 2           | 15.4 | 38     | 59.4 |         |
| Enough    | 3         | 7,9  | 12             | 92.3 | 9           | 69.2 | 24     | 37.5 |         |
|           | Less      | 0    | 0              | 0    | 0           | 2    | 15.4   | 2    | 3.1     |
| Total     | 38        | 100  | 13             | 100  | 13          | 100  | 64     | 100  |         |

**Table 3**

Attitude Frequency Distribution with ANC Visit at Abi Ummi DW Sarmadi Clinic Palembang

| Variable | ANC visit |      |                |      |             |      | amount |      | P Value |
|----------|-----------|------|----------------|------|-------------|------|--------|------|---------|
|          | Regular   |      | Less regularly |      | Not Regular |      | N      | %    |         |
|          | N         | %    | N              | %    | n           | %    |        |      |         |
| Attitude |           |      |                |      |             |      |        |      | 0,000   |
| Positive | 34        | 89.5 | 3              | 23.1 | 1           | 7.7  | 38     | 59.4 |         |
| Negative | 4         | 10,5 | 10             | 76.9 | 12          | 92.3 | 26     | 40.6 |         |
| Total    | 38        | 100  | 13             | 100  | 13          | 100  | 64     | 100  |         |

Based on the analysis of the frequency distribution in the table above, it is known that most of the respondents 'age is in the range of 19-55 years, which is 47 respondents (73.4%), then most of the respondents' education and occupations are high, 34 respondents (53.1%) and not work is 34 respondents (53.1), meanwhile most respondents are mothers with multipara parity that is 33 respondents (51.6%). For the independent variable most of the respondents' knowledge is in the good category as much as 38 respondents (59.4%), the attitude of the respondents is mostly in the positive category that is as much as 38 respondents (59.4%), respondents who visited the ANC at the Abi Ummi DW Sarmadi Clinic Palembang more than half regularly do ANC, as many as 38 respondents (59.4%).

Based on table 5.3 the results of the analysis of the relationship between knowledge and ANC

of 38 respondents found 35 respondents who have good knowledge regularly visit ANC, who have enough knowledge there are 3 respondents who regularly carry out ANC and no respondents who lack knowledge regularly conduct ANC.

From the chi-square statistical test results obtained  $p$  value = 0,000, so that means there is a significant relationship between knowledge of pregnant women with ANC visit.

Based on table 5.4 the results of the analysis of the relationship between attitude and ANC from 38 respondents found 34 respondents were positive with regular ANC visits and 4 respondents who had negative attitudes with regular ANC visits

From the chi-square statistical test results obtained  $p$  value = 0,000, so that means there is a significant relationship between the attitude of pregnant women with ANC visits.

### 3.2. Discussion

#### a. Relationship between Knowledge and ANC Visits

Based on the results of the univariate analysis of respondents' knowledge at the Abi Umami DW Sarmadi Clinic in Palembang, more than half were in the good category of 38 respondents (59.4%). While the results of the chi square analysis obtained  $p$  value = 0,000 ( $p$  value  $\leq$  0.05), meaning there is a significant relationship between knowledge and ANC visits.

The results of the study are in line with Suryandari's research (2010) entitled The relationship of the level of knowledge of pregnant women about ANC with ANC visits at the Puskesmas Galur 2 Kulon Progo shows that the majority of respondents have sufficient knowledge of 22 respondents (73.3%) of 30 respondents. The results of the bivariate analysis found that there was a relationship between knowledge and ANC visits with  $p$  value = 0.014.

In line with Trisnawati's research (2012) about the relationship of knowledge and information of pregnant women about high-risk pregnancies with ANC visit compliance at Kuta Baro Health Center in 2012, the results of most respondents' knowledge were moderate, namely 42 respondents (62.7%). Chi square test results obtained  $p$  value of 0.035, which means there is a relationship between knowledge of pregnant women about high risk pregnancies with ANC visit compliance.

Likewise with Damayanti research (2010) about the relationship of the level of knowledge of pregnant women about the high risk of pregnancy with adherence to ANC visits in Pandan Arang Boyolali District Hospital showing the results of a relationship between knowledge and adherence to implementing ANC with  $p$  value = 0,000.

Theory of Notoatmodjo (2007) behavior based on knowledge will be more lasting than behavior that is not based on knowledge. If they have good knowledge of obstetrical care, someone's compliance to check their pregnancy will also be maintained. If the knowledge is not yet fully possessed, then it is not possible to follow the recommendations to check the pregnancy (Bloom in Notoatmodjo, 2007).

Based on the results of research and theory found there is a relationship of knowledge of Antenatal Care visits classified as good. That is because the knowledge obtained by pregnant women is obtained from information media such as newspapers, television and the internet. In addition, information can be obtained from family, friends, health workers or based on the experience they have. Someone who has good knowledge about Antenatal Care will understand the importance of conducting Antenatal Care visits.

#### b. Relationship between Attitudes and ANC Visits

Based on the results of univariate analysis of the attitudes of respondents at the Abi Umami DW Sarmadi Clinic in Palembang, more than half were in the positive category of 38 respondents (59.4%). While the bivariate analysis results obtained  $p$  value = 0,000 ( $p$  value  $\leq$  0.05), so  $H_0$  is rejected, meaning there is a significant relationship between parity and ANC visit.

According to Lecozt's research (2006) with the title Knowledge and Attitudes of Pregnant Women About ANC in terms of Age in Work Education and Parity in Tipo Palu Health Center. From the results of the study it can be concluded that mothers who visit ANC have a positive attitude will be recycled to check their pregnancy with  $p$  value = 0.003.

Attitude is a person's closed response to a particular stimulus or object that already involves the opinion and emotion factors concerned (happy-not happy, agree-disagree, good-not good, and so on). According to Newcomb in Notoatmojo (2010), attitude is readiness or willingness to act, and is not an implementation of certain motives. In other words, the function of attitude is not an action (open reaction) or activity, but it is a predisposing behavior (action) or closed reaction.

Based on the theory of behavior proposed by Green in Notoatmodjo (2003) attitude is a

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predisposing factor in shaping one's behavior. If someone has a positive attitude towards something, he will accept or implement something, and vice versa if someone has a negative attitude then he will refuse or not do something.

In line with this, Sunayo (2004) suggests that attitudes are closed reactions to existing objects or stimuli, attitudes are influenced by individual knowledge, background, education level, social status, neighborhood, and so on. This is likely due to the changing times, and good mother's knowledge of the ANC. This is in accordance with the opinion of Azwar (2005) that attitude is a certain order in terms of feelings, thoughts, predisposition to one's actions towards an aspect of the surrounding environment.

Based on the results of the study, researchers argue that the relationship between attitudes towards Antenatal Care visits is due to the higher desire of mothers to know the health of themselves and their babies so that they have a positive attitude towards antenatal care and their antenatal care visits will be regular. In addition, the service of health workers in conducting Antenatal Care greatly affects the attitude of mothers in conducting Antenatal Care itself, the better the service, the desire and comfort of mothers to regularly conduct Antenatal Care, the better.

## 4. Conclusion

Based on the results of research conducted at the Abi Ummi DW Sarmadi Clinic in Palembang with a total sample of 64 respondents, the researcher can draw the following conclusions:

- a. Characteristics of respondents by age obtained data Most pregnant women aged 19 to 55 years.
- b. Characteristics of respondents based on education were mostly highly educated.
- c. Characteristics of respondents based on work mostly do not work.
- d. Characteristics of respondents based on parity were mostly multiparous.
- e. Most respondents' knowledge about Antenatal care is good knowledge as much as 38 respondents (59.4%)
- f. Respondents' attitudes about Antenatal care are mostly in the positive category, with 38 respondents (59.4%).
- g. There is a significant relationship between knowledge and ANC visit at Abi Ummi DW Sarmadi Clinic Palembang with p value = 0,000.
- h. There is a significant relationship between attitude and ANC visit to Abi Ummi DW Sarmadi Clinic Palembang with p value = 0,000

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