

The Relationship Of Pregnant Women's Knowledge And Attitude To The Implementation Of Delivery Planning And Complication Prevention (P4k) Program In Kelurahan Wargamekar Kecamatan Baleendah Kabupaten Bandung

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Abstrak

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators to assess the health status of the community. Based on the Indonesian Demographic and Health Survey 2017 IDHS, the maternal mortality rate in Indonesia is still high at 302 per 100,000 live births, while the infant mortality rate is 24 per 1000 live births. The decline in MMR and IMR cannot be separated from the role of community empowerment, one of which is carried out through the implementation of the Childbirth Planning and Complications Prevention Program (P4K). Most mothers, husbands, and families have less active role in the implementation of P4K, even though there is an effect of implementing P4K on neonatal mortality. This happens because the mother's knowledge about P4K is still lacking, so her attitude is still not positive. The purpose of this study was to determine the relationship between knowledge and attitudes of pregnant women towards the implementation of the Childbirth Planning and Complications Prevention (P4K) Program. The research design used "analytic descriptive" cross-sectional, with a total population of 126 pregnant women, while the sample was taken using purposive sampling technique, with a total sample of 96 respondents. The results of statistical analysis with the Chi-Square test showed that for the knowledge variable, the results of the P value = 0.005 concluded that there was a significant relationship between the level of knowledge and the implementation of P4K, while for the attitude variable the P value = 0.001 concluded that there was a significant relationship between attitudes with the implementation of P4K.

Keyword : Knowledge; Attitude; Implementation of P4K;

Introduction

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators to see the success of implementing efforts to improve maternal and child health. In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services. Based on the Indonesian Demographic and Health Survey 2017 IDHS, the maternal mortality rate in Indonesia is still high at 302 per 100,000 live births, while the infant mortality rate is 24 per 1000 live births. Maternal deaths are caused by bleeding, high blood pressure during pregnancy (eclampsia), infection, obstructed labor and complications of miscarriage. Meanwhile, the direct causes of infant mortality are Low Birth Weight Babies (LBW) and lack of oxygen (asphyxia). Indirect causes of maternal and newborn deaths are due to community conditions such as education, socio-economics and culture. Geographical conditions and the unprepared state of service facilities contribute to this problem (Indonesian Health Profile, Ministry of Health, 2019).

The reduction in the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) cannot be separated from the role of community empowerment, one of which is carried out through the implementation of the Childbirth Planning and Complications Prevention Program (P4K). The P4K Program is a Delivery Planning and Complications Prevention Program (P4K) which aims to improve preparation for dealing with complications during pregnancy, including planning for the use of post-pregnancy contraceptive devices/drugs (Indonesian Health Profile, Ministry of Health, 2019; Ministry of Health, 2008).

The P4K program is a priority in reducing MMR and IMR in Indonesia, this is supported by the Minister of Health Circular No. 2008 concerning the acceleration of the implementation of P4K with the affixing of stickers. The P4K program is carried out by attaching stickers to pregnant women's homes. P4K program stickers will be affixed to pregnant women's homes, so every pregnant woman will be recorded, recorded and monitored properly. The P4K sticker contains data on the names of pregnant women, estimated delivery, birth attendants, place of delivery, birth attendants, transport used and potential blood donors (Depkes RI, 2010.) (Maryunani & Puspita, 2013)

The Ministry of Health determines the percentage indicator of Puskesmas carrying out the orientation of the Delivery Planning and Complications Prevention Program (P4K) as an effort to reduce maternal and child mortality. The orientation is a meeting organized by the Puskesmas by inviting village cadres and/or village midwives from all villages in their area in order to provide supplies to increase the active role of husbands, families, pregnant women and the community in planning safe deliveries and preparing for pregnancy complications. childbirth and postpartum. With the P4K program orientation activities, it is hoped that public knowledge will increase even more, especially regarding delivery planning and preventing complications that may occur during delivery. With good knowledge, the attitude of

the community will be more positive, so that it will form good behavior regarding the implementation of the P4K program.

Based on the results of the research by Homsiatu Rohmatin and Agustina Widayati, entitled The Effect of the Implementation of the Maternity Planning and Complications Prevention Program (P4K) on Neonatal Mortality, it was found that the majority of mothers, husbands, and families played less active roles. So there is an effect of implementing P4K on neonatal mortality. For this reason, an active role for posyandu cadres is needed in motivating and assisting mothers, husbands and families in implementing P4K as an effort to reduce neonatal mortality. (Rohmatin & Widayati, 2018)

Knowledge is the result of "knowing" and this occurs after people have sensed certain objects. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. For the most part, human knowledge is obtained from the eyes and ears (Notoadmodjo, 2007, p. 143)

Attitude is a person's feelings or views accompanied by a tendency to act on an object or stimulus, human knowledge is obtained from the eyes and ears (Azwar, 2007). Attitude is the most important concept in social psychology which discusses the elements of attitude both as individuals and groups (Wawan & Dewi, 2010)

Based on the results of Erna Yuliasuti, Rafidah, Hafisah's research entitled Knowledge and Attitudes of Pregnant Women to Delivery Aid Planning and Complications Prevention (P4K), it was found that there was no relationship between the level of knowledge of pregnant women with planning for delivery assistance and prevention of complications in the working area of Pasar Saturday Community Health Center. Hulu Sungai Utara Regency ($p= 0.056$), and there is a relationship between the attitudes of pregnant women towards delivery assistance planning and prevention of complications in the working area of Pasar Saturday Health Center, Hulu Sungai Utara Regency ($p=0.000$) (Yuliasuti, Rafidah, & Hapisah, 2015)

Based on the results of Rina Julianti's research entitled the relationship between the level of knowledge and attitudes of pregnant women about the Birth Planning and Complications Prevention Program (P4K) with the achievement of installing P4K stickers in the Poskesri Batang Arah Work Area, Tapan Health Center, there is a significant relationship between the level of knowledge and the installation of P4K stickers ($P \text{ value} = 0.000$) $P < 0.005$ and there is a relationship between the attitude of pregnant women and the installation of P4K stickers ($P \text{ value} = 0.002$) $P < 0.005$. The results of the study show that many pregnant women have low knowledge, it is necessary to increase socialization of all knowledge and attitude factors with the Childbirth Planning and Complications Prevention Program (P4K) (Julianti, 2017)

Based on the above background, researchers are encouraged to conduct research on the relationship between knowledge and attitudes of pregnant women towards the implementation of the Delivery Planning and Complications Prevention Program (P4K) in Wargamekar Village, Baleendah District, Bandung Regency.

Method

The design of this study used a cross-sectional “analytical descriptive” research design, in which in this method the researcher assessed the knowledge, attitudes and implementation of the Childbirth Planning and Complications Prevention (P4K) program simultaneously. The total population is 126 pregnant women, sampling in this study using purposive sampling technique, using the Slovin formula obtained a sample of 96 respondents.

Data collection instruments used questionnaires and direct visits to see whether or not the P4K sticker was installed at the homes of pregnant women, this was done to find out "Is there a relationship between knowledge and attitudes of pregnant women with the implementation of the Delivery Planning and Complications Prevention (P4K) Program in Wargamekar Village " .

Validation and reliability tests were carried out before the sample data collection instrument was used. The test was carried out on 20 pregnant women who live outside the Kelurahan Wargamekar. The collected data will then be presented in the form of univariate and bivariate tables with their interpretations. Analysis of the data used is a cross table to determine the relationship between 2 variables. While the discussion is presented in the form of a narrative.

Result and Discussion

The results of the research and descriptive analysis of the relationship between knowledge and attitudes of pregnant women towards the implementation of the Delivery Aid Planning Program and Complication Prevention (P4K) in Wargamekar Village, Baleendah District, Bandung Regency, which were carried out on 96 pregnant women are as follows :

Table 1

Frequency Distribution Based on Knowledge of Pregnant Women in Wargamekar Village, Kec. Baleendah Kab. Bandung

Knowledge	Frekuensi	Persentase %
Baik	20	20,8
Cukup	46	48,0
Kurang	30	31,2
Jumlah	96	100

Sumber : Data Primer

Table 1 shows that of the 96 respondents it can be said that almost half or 48% (46 pregnant women) have sufficient knowledge about the P4K Program.

Table 2
Frequency Distribution Based on the Attitude of Pregnant Women in Wargamekar Village, Kec. Baleendah Kab. Bandung

Attitude	Frekuensi	Persentase %
Positif	67	69,8
Negatif	29	30,2
Jumlah	96	100

Sumber : Data Primer

In table 2 it can be said that most pregnant women have a positive attitude about the P4K program, namely 67 pregnant women (69.8%).

Table 3
Frequency Distribution Based on P4K Implementation in Wargamekar Village, Kec. Baleendah Kab. Bandung

Pelaksanaan P4K	Frekuensi	Persentase %
Terpasang	55	57,3
Tidak terpasang	41	42,7
Jumlah	96	100

Sumber : Data Primer

In table 3 it can be said that of the 96 respondents, most of the pregnant women carried out the P4K Program, as seen by the P4K stickers installed, namely 55 respondents (57.3%).

Table 4
Relationship between Knowledge Level and P4K Implementation in Wargamekar Village, Kec. Baleendah Kab. Bandung

Pengetahuan	Pelaksanaan P4K		Total	P
	Terpasang	Tidak		
Baik	13	7	20	0,005
Cukup	27	19	46	
Kurang	15	15	30	
Jumlah	55	41	96	

Sumber : Data Primer

The results of statistical analysis with the Chi-Square test showed that the P value = 0.005 and the value = 0.05, which means that there is a significant relationship

between the level of knowledge and the implementation of P4K in Wargamekar Village, Baleendah District, Bandung Regency.

Table 5

Relationship between Attitude and P4K Implementation in Wargamekar Village, Kec. Baleendah Kab. Bandung

Sikap	Pelaksanaan P4K		Total	P
	Terpasang	Tidak		
Positif	36	31	67	0,001
Negatif	19	10	29	
Jumlah	55	41	96	

Sumber : Data Primer

The results of statistical analysis with the Chi-Square test showed that the P value = 0.001 and the value = 0.05, this means that there is a significant relationship between attitudes and the implementation of P4K in Wargamekar Village, Baleendah District, Bandung Regency. In table 3, the results of univariate analysis show that from 96 respondents it is known that as many as 55 respondents (57.3%) carry out the P4K program, as seen by the installation of a complete P4K sticker in front of each pregnant woman's house, and 41 respondents (42, 7%) have not implemented the P4K program, by not installing the P4K sticker. Thus it can be concluded that most of the respondents have implemented the P4K Program.

The Maternity Planning and Complications Prevention (P4K) program is one of the programs to support the village alert which is directed at the concept of preparation for delivery and preparedness to face complications. The benefits of P4K are (Maryunani, Puspita 2013; Ministry of Health, 2010):

- a. Improving the coverage and quality of health services for pregnant women, maternity mothers, postpartum mothers and newborns.
- b. Increasing the coverage and quality of health services is carried out through increasing the active role of families and communities in planning safe deliveries and preparing for complications and danger signs of obstetrics and newborns for mothers so that they give birth to healthy babies.

In table 4, the results of statistical analysis using the Chi-Square test show that the value of P = 0.005 and the value of = 0.05, which means that there is a significant relationship between the level of knowledge and the implementation of P4K. One's knowledge greatly affects one's ability to understand, analyze, and take action. Behavior or adoption of behavior through a process based on knowledge, awareness, and a positive attitude, on the other hand, if behavior is not based on knowledge and awareness, it will not last long. Change or increase in knowledge is based on a learning process, learning is an attempt to acquire new things in behavior (knowledge,

skills, skills, and values) with mental activity itself (Notoatmodjo ,2007; Wawan, Dwi, 2010).

People who have better knowledge will do things better than people whose level of knowledge is less, in relation to the implementation of P4K it is hoped that if pregnant women know knowledge about P4K, they will have good knowledge in implementing P4K. The results of this study indicate the relationship between knowledge and the implementation of P4K. In table 5, the results of statistical analysis with the Chi-Square test show that the P value = 0.001 and the value = 0.05, which means that there is a significant relationship between attitudes and the implementation of P4K.

Attitude is an opinion, a person's belief about a relative object or situation, which is accompanied by certain feelings and provides the basis for the person to make a response in a certain way that he chooses. The implementation of P4K is influenced by attitude, where if the attitude is negative it will hinder the goal, attitude is a means to achieve practical means or benefits. If the object can help the goal, the person will be positive, but if the object hinders the goal, the person will be negative. The results of this study show the relationship between attitudes and the implementation of P4K (Wawan & Dewi, 2010)

Factors that affect the operation of P4K include internal and external factors, namely (Maryunani & Puspita, 2013)

- a. Internal factors are knowledge, attitudes, family support and values or norms that apply to pregnant women. Pregnant women who have sufficient knowledge and information about the goals and benefits of P4K will affect the awareness and attitudes of pregnant women about the importance of the P4K program, then family support has an important role for the success of the P4K program objectives because the closest family can actively monitor the health of pregnant women and their values or values. norms also have a major influence on the success of P4K coverage, in this case community leaders are very influential on existing values or norms in order to support the implementation of P4K
- b. External factors are the attitude and behavior of health workers and the availability of health facilities, external factors are also very influential both from the activity of health workers for monitoring the health of pregnant women with P4K stickers, as well as the availability of supporting health facilities that can affect P4K coverage for all pregnant women..

Conclusion

Based on the results of the research above, it is recommended for health workers to further improve programs to reduce MMR and IMR which are carried out through health promotion and early detection in the community such as data collection, local area monitoring (PWS) and delivery planning and complication prevention programs (P4K). For the community, efforts need to be made to increase

the use of the Childbirth Planning and Complications Prevention (P4K) Program which is supported by the availability and completeness of the facilities and personnel needed and pays attention to the cultural/customary aspects of the local community.

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