



OVERVIEW OF PREGNANT WOMEN'S KNOWLEDGE ABOUT ANC

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ABSTRACT

The maternal mortality rate in Indonesia is still dominated by the three main causes of death, namely bleeding, hypertension in pregnancy and infection. Antenatal services are health services by health workers for mothers during their pregnancy in accordance with the standards of antenatal care set out in the Midwifery Service Standards (SPK). In 2017 there was a decrease and the difference between K1 and K4 coverage was 7.3%. The purpose of this study was to determine the characteristics of pregnant women including: age, education and occupation at the Tampaksiring II Health Center. This type of research is a quantitative research with a cross-sectional approach that uses a descriptive design. The data collected by giving questionnaire to respondents. The data analyzed by using SPSS program. The population in this study were all pregnant women who visited the Puskesmas Tampaksiring II and the sample in this study was 30 people. The results of this study showed that from 30 respondents 25 (83.3%) knowledge of pregnant women about antenatal care was good, while 5 (16.7%) knowledge of pregnant women about antenatal care was poor. According to Notoadmojo, the older the mother, the more knowledge she has. Mothers in their late teens will have less knowledge and experience because at this age mothers still do not have extensive experience so that it affects mother's knowledge about health, especially about Ante Natal Care (ANC). It is expected for pregnant women to increase the knowledge of pregnant women about ANC so that pregnant women know more about the meaning, benefits and goals of ANC and motivate pregnant women to comply with ANC.

Keywords: antenatal care; knowledge; pregnant women

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INTRODUCTION

The maternal mortality rate in Indonesia is still dominated by the three main causes of death, namely bleeding, hypertension in pregnancy and infection. The MMR achievement of Bali Province in 2017 was 68.6 per 100,000 live births, this figure is already below the MDGs target, but efforts to reduce MMR are still being carried out vigorously to further reduce maternal mortality in the province of Bali. Maternal Mortality Rate, is defined as "The death of a woman occurring during pregnancy or within 42 days after the end of her pregnancy, regardless of the age and location of the pregnancy, resulting from any cause related to or aggravated by her pregnancy or its management, but not due to incident and accidents and referrals in case of complications (Bali Province Health Profile, 2019).

Antenatal services are health services by health workers for mothers during their pregnancy in accordance with the standards of antenatal care set out in the Midwifery Service Standards (SPK). According to the Bali Province Health Profile (2019), the number of health services for pregnant women covers K1 and K4 for each area of Bali. In 2019 the city with the highest ANC visits was in the Denpasar City and Klungkung districts with 100% K1 and 98% K4

achieved, while The lowest was occupied by Gianyar Regency with K1 of 94.92% and K4 of 87.24% of pregnant women.

In 2017 there was a decrease and the difference between K1 and K4 coverage was 7.3%. The gap between K1 and K4 coverage shows the K1-K4 drop out rate, in other words if the K1 and K4 gap is small, almost all pregnant women who make their first antenatal care visit always visit health services until the second visit to the third trimester of their pregnancy. All pregnant women have received pregnancy services according to standards. This can minimize maternal mortality. The lowest coverage of K1 and K4 is in Badung Regency, namely K1 as much as 85.1% and K4 75.64%. Districts with low achievement also occur in Bangli Regency, namely K1 91.5% and K4 81.16%, this is because not all pure K1 visits (K1 visits during the first trimester of pregnancy) so pregnant women who are not pure K1 are not standardized to receive K4 services where the K4 service standard is 1 visit during the first quarter, once during the second quarter and two visits during the third quarter. The achievement of K1 according to the target of 100% and K4 of 98% only occurred in Denpasar City and Klungkung Regency, while other districts had not yet reached the target even though the coverage achievement was mostly above 90%.

One of the successes of preventing maternal death lies in the accuracy of decision making when complications occur. This can be done if pregnant women and their families have good basic knowledge about pregnancy and childbirth and have access to antenatal services. During pregnancy the mother experiences changes, the changes that occur include physiological and psychological changes, so that during pregnancy the mother has a dynamic risk, the mother who was originally normal is suddenly at high risk. One of the interventions in dealing with changes during pregnancy is to perform antenatal care. ANC is important to monitor the growth and development of the fetus as well as the health condition of the mother. Pregnant women must be obedient in carrying out ANC examinations so that pregnancy goes well. The main factor that influences the antenatal visit of pregnant women to carry out ANC is the knowledge factor.

A mother has a very big role in the growth of the baby and the development of the child. Health problems experienced by someone who is pregnant can affect the health of the fetus in the womb until birth and during the growth of infants and children. Pregnancy check-ups should be carried out at least four times during pregnancy, at least once in the first trimester of pregnancy, at least once in the second trimester and at least twice in the third trimester (Yunita, 2016). The success of the concept of integrated and comprehensive antenatal care is the mother's knowledge. The results of the research conducted (Purboningsih, 2014) showed that there was a significant relationship between the level of knowledge of pregnant women about the danger signs of pregnancy and visits to perform ANC. This research is also supported by research (Fiqiansyah Maulana Rifki, 2018) where from 68 respondents there were 8.8% of pregnant women who did not comply with ANC, and 91.1% complied with visits.

Based on a preliminary study conducted by researchers on January 15, 2021 – January 16, 2021 at the Tampaksiring II Health Center, Gianyar Regency, the number of pregnant women in the third trimester was 41 people, based on observations, there were 7 pregnant women who did not comply with ANC visits to health services and 3 pregnant women. pregnant with obedient visits to health services, from the results of interviews with 10 pregnant women in the third trimester, 5 pregnant women said they were anxious before giving birth because they were facing their first delivery, 3 pregnant women said they were anxious before delivery

because the baby's position was not normal (breech) 2 pregnant women said they were anxious before delivery because the age of pregnant women was at risk. Based on the description above, the aim of this study is to describe Pregnant Mother's Knowledge Description about Anc at the Tampaksiring II Health

METHODS

This research was conducted at the Tampaksiring II Health Center for the treatment period in December 2020-May 2021. This type of research is a quantitative study with a cross sectional approach using a descriptive design. The data collected by giving questionnaire to respondents. The data analyzed by using SPSS program. This study were all pregnant women who visited the Health Center. Tampaksiring II and the samples in this study were 30 people.

RESULTS

Table 4.1
Distribution of Respondents by Age (n=30)

Table 1, it can be seen that of the 30 respondents 22 (73.3%) were in the age range of 21-29

Age	f	%
21-29	22	73,3
30-42	8	26,7

years and 8 (26.7%) were in the age range of 30-42 years.

Table 2.
Distribution of Respondents Based on Education (n=30)

Education	f	%
Elementary School	3	10,0
Junior High School High	9	30,0
High School	10	33,3
College	8	26,7

Table 2, it can be seen that of the 30 respondents 3 (10.0%) had an elementary education level, 9 (30.0%) respondents had a junior high school education level, 10 (33.3%) respondents had a high school education level/equivalent and 8 (26.7%) respondents have a college knowledge level.

Table 3.
Distribution of Respondents Based on Employment Status (n=30)

Job Status	f	%
Work	13	43,3
Not Working	17	56,7

Table 3, it can be seen that of the 30 respondents 13 (43.3%) respondents have a working status while 17 (56.7%) respondents do not work or are housewives.

Table 4.
Distribution of Knowledge Level of Pregnant Women about Antenatal Care (n=30)

Knowledge	f	%
Good	25	83,3
Not Enough	5	16,7

Table 4, it can be seen that from 30 respondents 25 (83.3%) knowledge of pregnant women about antenatal care had good knowledge, while 5 (16.7%) knowledge of pregnant women about antenatal had poor knowledge.

Table 5.
Distribution of Knowledge Level by Age (n=30)

Age	Good		Less		Total	
	f	%	f	%	f	%
21-29	22	73,3	0	00,0	22	73,3
30-42	3	10,0	5	16,7	8	26,7

Table 5, the age range of 21-29 years 22 (73.3%) respondents have a good level of knowledge about antenatal care while the age of 30-42 years 3 (10.0%) respondents have a good level of knowledge and 5 (16.7 %) respondents have less knowledge about antenatal care.

Table 6.
Distribution of Knowledge Level by Education

Education	Good		Less		Total	
	f	%	f	%	f	%
SD	0	00,0	3	0,0	3	10,0
Junior High School	7	23,3	2	0,0	9	30,0
High School	10	33,3	0	0,0	10	33,3
College	8	26,7	0	0,0	8	26,7

Table 6, the level of knowledge of education it is found that 3 (10.0%) have less knowledge at the elementary school education level, 7 (23.3%) respondents have good knowledge at the junior high school education level, 2 (6.7%) respondents have a low level of knowledge at the level of junior high school education, 10 (33.3%) respondents have a good level of knowledge with a high school education level/equivalent while 8 (26.7%) respondents have a good level of knowledge with a university education level.

Table 7.
Distribution of knowledge level by occupation

Job	Good		Less		Total	
	f	%	f	%	f	%
Work	10	33,3	3	10,0	13	43,3
Not Working	15	50,0	2	6,7	17	56,7

Table 7, the level of knowledge by occupation it is found that 10 (33.3%) respondents have a good level of knowledge with the level of work work and 3 (10.0%) have less knowledge with the level of work work, while 15 (50.0%) respondents have a good level of knowledge

with the level of work work and 2 (6.7%) respondents have less knowledge with the level of work not working or as housewives.

DISCUSSION

An overview of the level of knowledge of pregnant women about antenatal care with respect to age at the Tampaksiring Public Health Center II

Based on the results, it was found that the age range of 21-29 years 22 (73.3%) respondents had a good level of knowledge about antenatal care, while the age range of 30-42 years 3 (10.0%) respondents had a good level of knowledge and 2 (16.7%)) respondents have less knowledge about antenatal care. Age is the age of the individual from birth to birthday, the more old he is, the level of maturity and strength of a person will be more mature in thinking and working (Wawan, 2010). According to notoadmojo, the older the mother, the more knowledge the mother gets. Mothers in their late teens will have less knowledge and experience because at this age mothers still do not have extensive experience so that it affects mother's knowledge about health, especially about Ante Natal Care (ANC).

This is in accordance with Lestari (2015) that the level of knowledge is influenced by age. As a person's age increases, there will be changes in the physical and psychological (mental) aspects. Therefore, the group of mothers who are more mature will have more knowledge about antenatal care because they have heard of information or done antenatal care before. Istianah (2013) also states that there is a relationship between age and the level of knowledge of pregnant women about antenatal care. In the research conducted by Inrawati Sihombing (2015) it is different from this study because the age group of 30-40 years has a sufficient level of knowledge of 41.1%, followed by a level of less knowledge of 35.3%, and a good level of knowledge of 23.6%. It is also different from Tetti Situmorang's research (2014) where the majority of respondents aged over 35 years have a low level of knowledge with a percentage of 14.2%.

An overview of the knowledge level of pregnant women about Antenatal Care on Education at the Tampaksiring Public Health Center II

Based on the results obtained, the level of knowledge towards education with the most responses was high school education level/equivalent 10 (33.3%) respondents with good knowledge level. This is in accordance with the research of Siti Aisah (2016) at the Mabodo Health Center, Muna Regency and Tetti Situmorang (2014) in Pancur Batu District. In this group of respondents, the highest level of knowledge is good with a percentage of 50%, followed by sufficient and poor knowledge with 33.3% and 16.7%, respectively.

Education is guidance given by someone to the development of others towards certain ideals that determine humans to act and fill life to achieve safety and happiness. The theory of education can influence a person, including a person's behavior in life patterns, especially motivating attitudes to participate in development (A.Wawan, 2010). This is in accordance with Lestari (2015) that education is one of the factors that influence knowledge. The higher a person's education, the easier it is for that person to receive information. On the other hand, the lower a person's education level, the more information and values that person receives. This study differs from that of Inrawati Sihombing (2015) where the majority of the knowledge levels in high school and university are at sufficient levels with the percentage of 65.4% and 62.5%.

An overview of the knowledge level of pregnant women about antenatal care on the level of work at the Tampaksiring Public Health Center II

Based on the results obtained that the level of knowledge by occupation, it was found that most of the 15 (50.0%) respondents had a good level of knowledge with the level of work not working or as working housewives and 2 (6.7%) respondents had less knowledge with the level of work not working or as a housewife. This is in accordance with the research of Lidya Hutagalung (2014) at the Maternity Home and Sally Medical Center. The majority of the knowledge level of housewives is good with a percentage of 39.7% followed by a lack of knowledge and sufficient with a percentage of 34.5% and 25.9%. In the group of respondents who worked, it was found that the level of knowledge was good greater with a percentage of 68.4%, a sufficient level of knowledge 23.7% and a level of less knowledge 7.9%. In accordance with Lestari (2015) that work affect a person's level of knowledge by making someone acquire experience and knowledge both directly and indirectly indirectly from co-workers and the work environment itself. This study is not in accordance with the research of Inrawati Sihombing (2015) and Lidya Hutagalung (2014) where the majority of the knowledge level of respondents who work and do not work is sufficient level of knowledge.

CONCLUSIONS

Based on the Research on the Level of Knowledge Based on Age, it was found that the age range of 21-29 years 22 (73.3%) respondents had a good level of knowledge about antenatal care while the age of 30-42 years 3 (10.0%) respondents had a good level of knowledge good and 2(16.7%) respondents have less knowledge about antenatal care. Based on the research on the Description of Knowledge Levels on Education, the results showed that most of the education levels were SMA/equivalent. 10 (33.3%) respondents had good knowledge levels. Based on the research on the Description of Knowledge Level by Occupation, it was found that most of the 15 (50.0%) respondents had a good level of knowledge with the level of work not working or as housewives and working 2 (6.7%) respondents had less knowledge with the level of work not working or as a housewife.

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