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The Description of Knowledge about Antenatal Care in Village X, Bandung Regency in 2019



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Abstract

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The lack of maternal Antenatal care visit is one of the determinants that cause maternal mortality rates in Indonesia. Antenatal care is care for pregnant women during pregnancy, starting from conception to the birth of the fetus. The purpose of this study was to study the Antenatal Care Knowledge Overview in Village X Bandung Regency in 2019. The design of this study was quantitative descriptive with 74 postpartum mothers respondents. Data were collected using a knowledge questionnaire. The results obtained from the knowledge of Antenatal Care in Village X Bandung Regency in 2019 were high knowledge of Antenatal Care (73%) and low knowledge of 27%. The conclusion of the study showed respondents who had high knowledge of ANC was more than 73% compared to those who had low knowledge of 27%. Health workers need to improve health education for mothers with high gestational age and home visits.

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INTRODUCTION

Maternal mortality rate (MMR) is an important indicator of the degree of public health. AKI describes the number of women who die during pregnancy, childbirth, and during the puerperium. The World Health Organization (WHO) states that the world's maternal mortality rate in 2015 was 216 per 100,000 live births. Meanwhile, the Maternal Mortality Rate (MMR) in Indonesia in 2017 fell to 1,712 cases. Based on data from the West Java Health Profile, MMR in West Java Province was 84.78 per 100,000 live births. And in Bandung Regency, the Maternal Mortality Rate (MMR) was 38 cases out of 64911 live births.

The target of health development to be achieved in 2025 is an increase in the degree of public health as indicated by an increase in life expectancy, a decrease in the infant mortality rate, a decrease in the maternal mortality rate, a decrease in the prevalence of malnutrition among children under five (Ministry of Health, 2015). Based on the Regulation of the Minister of Health Number: HK.02.02 / Menkes / 52/2015 that Indonesia's health development in the 2015-2019 period is to improve the health status and nutritional status of the community through health and community empowerment efforts supported by financial protection and equitable health services. Development of Indonesian health by improving the health and nutritional status of mothers and children, improving disease control, increasing access and quality of basic and referral health services, especially in remote, underdeveloped and border areas, increasing coverage of universal health services through the Healthy Indonesia Card and the quality of SJSN Health management, meet the needs of health personnel, drugs and vaccines, increase the responsiveness of the health system (Ministry of Health, 2015).

Antenatal care (ANC) is an important opportunity to diagnose and treat pregnancy-related complications and to provide interventions aimed at improving the health and survival of both mother and baby. Hutasoit, M., Utami, KD, & Afriyiliani, NF (2020) stated that there was a significant relationship between antenatal care visits and the incidence of stunting. 80% of pregnant women who experience anemia are mothers who do not regularly make ANC visits (Nurmasari, V., & Sumarmi, 2019). Anemia in pregnancy is also influenced by regular antenatal care visits or Antenatal Care (ANC)

(Nurmasari, V., & Sumarmi, 2019). The risk of bleeding, miscarriage, LBW, maternal, and child mortality can increase if pregnant women suffer from anemia (Batlibangkes, 2013).

The Ministry of Health (2012) stipulates that the antenatal care program policy determines the frequency of antenatal visits should be done at least 4 (four) times during pregnancy, 1 time in the first trimester (K1), 1 time in the second trimester (K2), and 2 times in the third trimester. (K3 and K4). Meanwhile, if there are abnormalities or complications of pregnancy such as nausea, vomiting, pregnancy bleeding, bleeding, location abnormalities, etc., the frequency of ANC visits is adjusted to the needs. Fitrayeni, et.al (2017) stated that the cause of the low completeness of antenatal care visits for pregnant women is that more than half of the respondents have a low level of knowledge, have negative attitudes, and their family (husband) is not supportive, the role of midwives is not good during ANC visits. , the level of knowledge, attitudes, the role of the family with the completeness of ANC visits, the role of midwives in ANC for pregnant women has not been effective, and efficient. Other factors can also affect the lack of completeness of ANC visits, such as social, cultural, economic, psychological, and others (Fitrayeni, et.al, 2017).

Regular ANC examinations are one of the factors in decreasing MMR (Nurmasari, V., & Sumarmi, 2019). ANC services are carried out to improve the health status of pregnant women and to monitor the mother's health status during pregnancy. During an ANC visit, pregnant women will receive a comprehensive examination of their pregnancy, receive nutritional counseling, receive folic acid and iron supplements, give Fe tablets, and provide proper health education. So that all of this can prevent mothers from experiencing anemia, prevent mothers from giving birth to premature and small babies, and babies from getting adequate nutrition from the womb (Nurmasari, V., & Sumarmi, 2019; Hutasoit, M., Utami, KD, & Afriyiliani, N. F, 2020).

Various individual studies and national surveys have assessed the utilization of antenatal services at one point in time in various countries, but ANC trends have not been studied frequently in rural areas of lower middle- income countries (LMICs) (Tikmani, SS .et.al, 2019).

Based on data obtained from the Bandung District Health Office, the coverage of delivery assistance by health workers at the Kutawaringin Community Health Center is 60% and the coverage of delivery assistance by non-health workers is 16%. Based on data obtained from the annual report of the village of Jatisari in 2018, the number of mothers gave birth to as many as 203 people, as many as 66 people (33%) mothers did not do Antenatal Care because it was carried out by non-health personnel. Jatisari Village is located in Kutawaringin District, Bandung Regency. The location of Jatisari Village is quite strategic and access to health facilities is quite easy and the distance covered is not far and can be reached by the community. Based on the results of interviews with the Coordinating Midwives of the Kutawaringin Puskesmas and Jatisari Village Midwives, there are still many who do not know about antenatal care for pregnant women.

Based on the description and background above, the authors are interested in researching with the title "Overview of ANC Knowledge in Village X, Bandung Regency in 2019"

METHODS

This type of study was descriptive quantitative research. In this study, researchers identified knowledge of Antenatal Care in Village X, Bandung Regency in 2019. The data collection was taken using a questionnaire about pregnancy and ANC: Everything mothers know about pregnancy examinations. The population was all post-partum mothers who were in Village X, Bandung Regency during January-March 2019 totaling 289 people. The sample in this study was 74 people using the Slovin formula to determine the minimum number of samples taken from the population and purposive sampling technique. The sample was determined with the consideration of delivery without complication.

The instrument in this study was an instrument that the researcher made himself. Based on the results of the questionnaire validity test to 23 respondents, the r table value was obtained with a significant level of 5%, namely 0.413. The invalid statement was then changed by the writing editor and tested again until the results were valid. The reliability test results obtained the reliability coefficient value of 0.851.

Study ethics for respondents were Informed consent (information for respondents), Anonymity (anonymously), and Confidentiality (confidentiality).

RESULT

Table I Frequency Distribution of Respondents' Antenatal Care Knowledge (n = 74)

	Knowledge of ANC		Antenatal Care Visit History	
	F	%	complete	incomplete
High	54	73	40	14
Low	20	27	12	8
	74	100	52	22

The knowledge about ANC is classified into high and low. Respondents who had high knowledge about ANC were 73% more than those with low knowledge of 27%.

DISCUSSION

The majority of respondents had a high level of knowledge about antenatal care. The results of the study were in line with the results of study conducted by Handayani (2017) which showed that there were 8 pregnant women with insufficient knowledge who made ANC visits (53.3%), while 2 people with good knowledge did not make ANC visits (6.7%). Surniati (2013) in his study found that there was a significant correlation between knowledge and ANC visits, with a p-value of 0.04.

Fitrayeni, et.al (2017) showed that respondents who had incomplete ANC visit was mostly respondents with low knowledge of ANC (82.8%) compared to respondents with high knowledge (5.9%). There was a significant correlation between the level of knowledge and completeness of ANC visits (p-value = 0). It was known that the value of the prevalence ratio was 19, meaning that the variable level of knowledge was one of the risk factors in completing ANC visits to pregnant women. Pregnant women who had low knowledge were 19 times more likely to have an incomplete ANC visit than mothers who had high knowledge about ANC.

The results of this study were the same as study by SiskaHelniWatti (2011) that there was a correlation between the knowledge of third trimester

pregnant women about ANC on the implementation of K4.

According to Handayani (2017), pregnant women with insufficient knowledge who make ANC visits were caused by motivational factors and environmental factors. Environmental factors such as an invitation from a friend or neighbor of a pregnant woman to have her pregnancy checked at the posyandu because it does not cost money so that pregnant women make ANC visits. Meanwhile, pregnant women with good knowledge but who do not make ANC visits are caused by maternal attitudes. Where the mother considers her pregnancy to be young and there are no complications, so the mother does not need to have an ANC visit.

Knowledge of cognition is a very important domain for the formation of one's actions. Mothers with high knowledge were more likely to perform ANC examinations than mothers with low knowledge. So that with high knowledge can change the attitude of the mother to want to do ANC examinations. Meanwhile, acceptance of new, lasting behavior is based on positive knowledge and attitudes (Handayani, 2017).

Tewodros, Mariam & Dibaba (2009) stated that in mothers over 35 years of age, the incompleteness in conducting Antenatal Care visits was due to the experience and knowledge they had so that they lack the motivation to complete and did regular Antenatal Care visits. This showed that information about antenatal care was easy to obtain by mothers. With high knowledge, the greater increase awareness of maternal checkups. Mothers who had a high level of knowledge about antenatal care were likely to have a positive attitude towards antenatal care.

CONCLUSION

Respondents who had high knowledge of ANC were 73% while those with low knowledge were 27%.

SUGGESTION

Based on the results of this study, the relevant institutions are expected to further improve health promotion regarding antenatal care as well as health monitoring for mothers with high-risk ages. For other health workers, especially midwives and nurses, it is hoped that they will further improve their approach to mothers with high-risk ages to

increase the regularity of antenatal care and to actively provide information on the importance of carrying out comprehensive and regular antenatal care.

Pregnant women are advised to keep trying to increase their knowledge about antenatal care by reading the leaflets provided at the RB / BPM / Puskesmas, reading more books, magazines, listening to the radio, health webinars about pregnancy, so that pregnant women are expected to continue to make ANC visits regularly.

Midwives and other health workers are expected to provide counseling and counseling both directly and online to increase the knowledge of pregnant women about the importance of antenatal care and improve the quality of health services, especially in antenatal care, so that it can motivate pregnant women to carry out antenatal care.

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