

**CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE OF  
PREGNANT WOMEN ABOUT ANTENATAL CARE AND  
ANTENATAL CARE VISIT IN GATAK PUBLIC  
HEALTH CENTER SUKOHARJO DISTRICT**



**Submitted as Partial Fulfillment of the Requirements  
of Bachelor Degree of Nursing**

**By**

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**DEPARTMENT OF NURSING  
HEALTH SCIENCE FACULTY  
UNIVERSITAS MUHAMMADIYAH SURAKARTA**

**2016**

**PAGE APPROVAL**

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**SCIENTIFIC PUBLICATION**

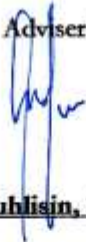
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**Abstract**

*Pregnancy is a very sensitive period in a woman's life, which is prone to interference with physically and mentally. Pregnancy tests aim to detect any abnormalities or complications in early pregnancy. Some research suggests that low maternal knowledge and mother attitude bad effect on the incidence of disorders during pregnancy. This study aimed at Correlation Knowledge and Attitudes about antenatal care with antenatal visit in the public health service of Gatak Sukoharjo. This research is descriptive correlative with cross sectional approach. Samples were 58 pregnant women Trimester 3 (K3 and K4) recorded in Gatak Public health center Sukoharjo with accidental sampling techniques. The collecting data using questionnaires knowledge and attitudes as well as documentation in the form of books KIA pregnancy visit. The data were analyzed using Chi Square test. The result: the result of Chi Square relations with knowledge with antenatal visit obtained  $\chi^2_{obs}$  value of 12.013 ( $p$ -value = 0.002) so that  $H_0$  is rejected. The results of Chi Square test attitudes relationship with antenatal visit obtained  $\chi^2_{obs}$  value of 13.771 ( $p$ -value = 0.000) so that  $H_0$  is rejected. The conclusion of research is there is a correlation of knowledge of pregnant women with antenatal care visit in Gatak Public Health Center, where the higher the mother's knowledge, the more complete examination of her pregnancy. The attitude of pregnant women associated with antenatal care visit of pregnant women in Gatak Public Health Center, where the better the attitude of expectant mothers, the more complete examination of her pregnancy.*

***Keywords: knowledge, attitudes, antenatal care visit***

**Abstrak**

Kehamilan merupakan masa yang sangat sensitif dalam kehidupan wanita, yaitu rentan terhadap timbulnya gangguan secara fisik dan mental. Pemeriksaan kehamilan bertujuan untuk mendeteksi adanya kelainan atau komplikasi pada kehamilan secara dini. Beberapa penelitian menunjukkan pengetahuan ibu yang rendah serta sikap ibu yang buruk berpengaruh terhadap timbulnya gangguan selama kehamilan. Penelitian ini bertujuan untuk Hubungan Pengetahuan dan Sikap Ibu Hamil Tentang Pemeriksaan Kehamilan dengan Kunjungan Pemeriksaan Kehamilan di Wilayah Kerja Puskesmas Gatak Sukoharjo. Penelitian ini merupakan penelitian *deskriptif korelatif* dengan pendekatan *cross sectional*. Sampel penelitian adalah 58 ibu hamil Trimester tiga (K3 dan K4) yang tercatat di Puskesmas Gatak Sukoharjo

dengan teknik *accidental sampling*. Pengumpulan data menggunakan kuesioner pengetahuan dan sikap serta dokumentasi kunjungan kehamilan berupa buku KIA. Teknik analisis data menggunakan uji *Chi Square*. Hasil penelitian: Hasil uji *Chi Square* hubungan pengetahuan dengan keaktifan kunjungan kehamilan diperoleh nilai  $\chi^2_{hitung}$  sebesar 12,013 ( $p\text{-value} = 0,002$ ) sehingga  $H_0$  ditolak. Selanjutnya hasil uji *Chi Square* hubungan sikap dengan keaktifan kunjungan kehamilan diperoleh nilai  $\chi^2_{hitung}$  sebesar 13,771 ( $p\text{-value} = 0,000$ ) sehingga  $H_0$  ditolak. Kesimpulan penelitian adalah terdapat hubungan pengetahuan ibu hamil dengan pemeriksaan kehamilan di wilayah kerja Puskesmas Gatak, dimana semakin tinggi pengetahuan ibu maka semakin lengkap pemeriksaan kehamilannya. Sikap ibu hamil berhubungan dengan pemeriksaan kehamilan ibu hamil di wilayah kerja Puskesmas Gatak, dimana semakin baik sikap ibu hamil maka pemeriksaan kehamilannya semakin lengkap.

Kata kunci: pengetahuan, sikap, kunjungan kehamilan

## 1. INTRODUCTION

Pregnancy is a very sensitive period in a woman's life, which is prone to interference with physically and mentally. Maternal health care during pregnancy has been conducted for more than 100 years ago. Maternal care during pregnancy is an important part of a health system that aims to maintain the health of the mother during pregnancy and childbirth so that the health of mothers and babies awake (Gonjei, et al, 2011).

Based on the observations World Health Organization (WHO) in 2010, the maternal mortality rate during pregnancy, childbirth and postpartum amounted to 500,000 and infant mortality by 10 million people, maternal mortality rate (MMR) in Indonesia is still very high when compared country- Association of South East Asian nations (ASEAN), which means the ability to provide health services need improvement that is comprehensive and better quality (Saifuddin, 2009)

To improve maternal health is also included in the development program of the Millennium Development Goal's (MDG) and consists of 8 things: 1) the reduction of poverty and hunger 2) improvement of universal basic education, 3) promote gender equality and empower women, 4) reduce child mortality, 5) improve maternal health, 6) combating HIV / AIDS, malaria and other diseases, 7) ensure environmental sustainability, 8) develop a global partnership for development. Having regard to the objectives of the MDGs seems clear that improving the health of the mother became one of the commitments of countries in the world. One indicator to describe the level of maternal health in the region is the maternal mortality rate (MMR) (UNFPA, 2011).

When you see the 2015 MDG targets for maternal mortality, the target of Indonesia is reducing the MMR reached 102 per 100,000 live births. With the position of 359 per 100,000 live births in 2012 it will be very difficult for the government to achieve the target of reducing maternal mortality rate of 102 per

100,000 live births in 2015. The surge in AKI not in spite of the failure of Population and Family Planning program (KKB) (Saputra, 2013),

According to the World Health Organization (WHO) estimated worldwide there are about 289,000 women died of childbirth problems every year. Of these frequently occur in areas of developing countries. In Indonesia the appropriate national targets under the MDGs is to reduce maternal mortality (MMR) by three quarters the maternal mortality rate in 1991 (390 per 100,000) was then targeted by 2015 to 102 per 100,000 (Bappenas, 2012). But in reality in 2013 Maternal Mortality Rate (MMR) in Indonesia is still around 359 per 100,000 (Infodatin, 2013)

Maternal Mortality in Central Java province for the year 2013 based on reports from county / city of 114.42 / 100,000 live births. This figure does not meet the targets in the indicator Healthy Indonesia 2015 amounted to 102 / 100,000. AKI in Central Java province in 2013 showed Batang occupy the highest MMR at 206.95 / 100,000 live births. While the lowest was in the city of Surakarta in the amount of 48.87 / 100,000 live births (Central Java Provincial Health Office, 2013).

Based on data from the health department of Sukoharjo cases of maternal mortality in the year 2013 there were 12 cases of maternal death, while in 2014 there were 13 cases. Estimates of maternal mortality Sukoharjo district in 2014 was 100.47 / 100,000 live births, an increase compared to the year 2013 amounted to 98.86 / 100,000 live births. High death rate of pregnant women suggests that women are objects that should receive special attention, so that maternal mortality can be reduced. The cause of death was bleeding amounted to 30.77%, amounting to 15.38% eclampsia, infections amounted to 7.69%, and others amounted to 46.15% (Health department of Sukoharjo).

Maternal deaths are caused by things that are associated with a high risk pregnancy experience or complications include bleeding, eclampsia, obstructed labor and infections. Another factor is the shortage of health facilities, the limited quality of health workers and less than optimal empowerment (Olaku, 2014).

Efforts to reduce maternal mortality programs and strategies have been carried out by the government such as family planning (FP), Jampersal, expanding Maternal and Neonatal Survival (EMAS), an increase in knowledge and behavior change both mothers, families and communities (Riskesdas, 2013).

Some studies reveal that knowledge related to the behavior of pregnant women in pregnancy care. Fahlman, et.all (2008) reported that increased knowledge about the antenatal care of pregnant women also have an impact on improving the behavior of pregnant women consume healthy foods during pregnancy. While Shankar (2004) stated that factors relating to maternity care is the knowledge of pregnant women about pregnancy testing.

Based on preliminary data from studies in Department of Health Sukoharjo of 2014 showed the maternal mortality rate by 13 cases and the results of initial data survey in Gatak Public Health Center (PHC) target of 797 pregnant women only 109 ever antenatal. Based on the results of interviews 6 of 10 pregnant women during their pregnancy are less aware of the benefits of prenatal care. Furthermore, the

results of questions about the attitude of pregnant women showed five mothers have unfavorable attitudes towards prenatal care, for example, they stated that the checkups when there is a problem or near the time of birth.

This research aims to Is there a relationship knowing Knowledge and Attitudes about antenatal care with antenatal care visit in public health service of Gatak Sukoharjo.

## 2. RESEARCH METHODOLOGY

This research is quantitative. The study design used is descriptive correlative design that is designed study intends to find a relationship between two variables: the independent variable with the dependent variable (Arikunto, 2010). This study used cross sectional approach, researchers conducted observations or measurements of variables at one given moment, which means that each subject is only observed one subject and variable measurement carried out during the examination (Sastroasmoro, 2008).

The population in this study were all pregnant women Trimester 3 (K3 and K4) recorded in Gatak public health center Sukoharjo are based on data from the health center in July 2015 amounted to 285 pregnant women. Samples were 58 pregnant women Trimester three (K3 and K4) with accidental sampling technique. This study uses a questionnaire measuring instrument knowledge and attitudes as well as documentation in the form of a book antenatal visit KIA. Analysis of the data in this study were bivariate. To be able to test and analyze the data used Chi Square technique.

## 3. RESULTS AND DISCUSSION

### 3.1 Analisis Univariate

#### 3.1.1 Description Knowledge

Table 1. Frequency Distribution of Knowledge

Knowledge	Frek	%
Less	14	24
moderate	27	47
Good	17	29
Total	58	100

#### 3.1.2 Description Attitude

Table 2. Frequency Distribution Attitude

Attitude	Frek	%
Less	0	0
Moderate	34	59
Good	24	41
Total	58	100



### 3.1.3 Description Antenatal Care Visits

Table 3. Frequency Distribution Antenatal care visits

Antenatal care visits	Frek	%
Incomplete	31	36
Complete	37	64
Total	58	100

## 3.2 Bivariat Analysis

### 3.2.1 Correlation Knowledge with Antenatal care visits

Table 4. Correlation Knowledge with Antenatal care visits

Knowledge	Antenatal care visit				Total	
	Not complete		Complete		F	%
	F	%	F	%		
Less	10	71	4	29	14	100
Moderate	9	33	18	67	27	100
Good	2	12	15	88	17	100
Total	21	36	37	64	58	100

Cross tabulation of the correlation of knowledge to the liveliness of the antenatal care visit showed less knowledge most have liveliness antenatal visits in the category is not complete as many as 10 respondents (71 %) and complete as many as four respondents (29 %). Furthermore, the knowledge was mostly have liveliness antenatal visits in the category complete a total of 18 respondents (67 %) and did not complete as many as nine respondents (33 %). While the knowledge of both the majority have a complete inspection visits in the category of 15 respondents (88 %) and incomplete as much as 2 respondents (12 %).

The result of Chi Square test of the correlation of knowledge with values obtained liveliness pregnancy visit  $\chi^2_{hitung}$  as big as 12,013 with value significant (*p-value*) 0,002. Test significance value less than 0.05 ( $0.002 < 0.05$ ) test is H0 decision that concluded there is a correlation between knowledge of pregnant women about pregnancy examination with liveliness antenatal visit in Public health service of Gatak Sukoharjo, so the better knowledge of the mother then liveliness antenatal care visit more complete pregnancy

### 3.2.2 Correlation attitude with liveliness antenatal care visit

Tabel 5. Correlation attitude with liveliness antenatal care visit

Attitude	Antenatal care visit				Total	
	Not complete		Not complete		Frek	%
	Frek	%	Frek	%		

Moderate	19	56	15	44	34	100
Good	2	8	22	92	24	100
Total	21	36	37	64	58	100

A cross tabulation attitude correlation with the liveliness of antenatal visits showed respondents with enough attitude most had liveliness antenatal visits in the category is not complete as many as 19 respondents (56 %) and complete as many as 15 respondents (44 %). While the respondents with a good attitude most have liveliness antenatal visits in the category of complete as many as 22 respondents (92 %) and incomplete as much as 2 respondents (8 %).

The result of Chi Square test correlation attitude with liveliness antenatal care visit has obtained the value  $\chi^2_{hitung}$  as big as 13,771 with significant value (*p-value*) 0,000. Significant value test is lower than 0,05 (0,000 < 0,05) the result test is  $H_0$  rejected so can get conclusion that correlation attitude about antenatal care with antenatal care visit in public health center of Gatak Sukoharjo, so the better attitude of the mother , the liveliness of her antenatal care visit more complete .

### 3.3 Discussion

#### 3.3.1 Characteristics of Respondents

Distribution of respondents by age showed mostly aged 20-35 years as many as 47 respondents (81%). Someone at the age of 20-35 years of productive age in which a person reaches a level of maturity in terms of productivity in the form of rational or motor. Mom with a Mother of childbearing age in the productive age group, where they already have a maturity in terms of rational and motor, so that they are able to figure out ways to adjust the spacing of their children (Nurjanah, 2010).

In this study, there were 9 respondents who have over 35 years of age. Pregnancy at an age above 35 years of age are at risk, where the risk of maternal morbidity and mortality increase. Canadian Institute for Health Information (2011) reported that at the age of 35 years have an increased risk of disease in women such as diabetes, hypertension, and psychology of pregnancy where the disease is harmful to pregnancy and childbirth.

Most respondents had high school as much as 27 respondents (47 %). The level of education a person relates to his ability to understand the information relating to certain knowledge. Mother's education level will affect the level of knowledge and mother attitude in accepting and understanding when he received an information about health. Educational status affects the opportunity to obtain information about health care, including family care (Fahman, et.all, 2008).

This is consistent with studies that indicate a strong correlation between level of education and health status. Ross and Mirowsky in his research concluded that the positive effect of duration (years) education to health that is consistent with the argument that the duration of the school year to develop the capacity of effective life that will ultimately affect health, including working full - time, can perform your job

well, increasing prosperity, economy, self-control, more social support, and healthy lifestyle (Mackenbach and Bakker., 2008).

The argument is based on " Human capital theory and status attainment model" which states that schools provide general skills, especially with regard to cognitive, special skills useful for work, social values , behavior and has a disposition essential to the achievement of a goal. Higher education teaches people to think more logically and rationally, can look at an issue from all sides so it can better analyze and solve a problem. In addition, higher education improve the cognitive skills required to be able to continue learning outside school (Laflamme, 2009).

Research Ruth (2015) concluded that women with a good education has the ability to understand how to care for health, for example, how to care for the pregnancy, addressing disorders of pregnancy, pregnancy and disruptive behavior such as smoking and alcohol consumption.

Characteristics of respondents indicated most of the work as a housewife as much as 45 respondents (78%), and had one child as much as 31 respondents (53%). The condition causes the respondents had sufficient time to give attention to his family. Environmental factors of the house where the mother has enough free time to interact with family members led to the mother's attention to the condition of his family for the better. This helps the mother noticed the condition of his health, particularly in relation to the examination of her pregnancy (Khomsan, 2008).

This study shows most moms are groups that have a low risk pregnancy problems caused by job status. Employment status of pregnant women have a relationship with the risk of pregnancy, it is as stated by Helen and Joanne (2011) which suggests that pregnant women who worked first have limitations checkups, working mother causes nutrition mother disrupted so risky to appear birth weight low (LBW) and eclampsia.

### **3.3.2 Knowledge overview**

Distribution of the highest level of knowledge shows the distribution is currently a total of 27 respondents (47%). Several factors are associated with considerable level of knowledge among others is the level of education of respondents. Distribution of respondents' education level mostly high school where, according to Law No. 23 Year 2009 on National Education included in the category of a higher education (Law No. 23 of 2009).

The level of education of individuals associated with the readiness of individuals to obtain information and process it into a science. Relationships level of education and level of knowledge is that knowledge of one's affect the person's ability to receive and analyze the information into medical knowledge (Notoatmodjo, 2010).

Distribution of the level of knowledge indicates that most respondents understand enough about the benefits of good health screening examination of pregnancy, pregnancy examination purposes, and a schedule of prenatal care. Respondents' awareness of antenatal care is the result of an effort to find out which occurs after the individual doing the sensing. Or cognitive domain knowledge is very

important for the formation of a person's actions or behavior over (Notoatmojo, 2010).

The level of knowledge of pregnant women in this study showed no difference in knowledge levels high, medium, and low striking. This is possible due to factors related to the mother's level of knowledge is quite uneven. The education level of the mother, for example, although most are high school as much as 27 respondents (47 %), but there are also educated respondents junior high school, elementary school, not even a school with a total of 27 respondents (47 %).

Relation between education and knowledge of pregnant women, as concluded in the study of the relationship of socioeconomic status with knowledge of nutrition in pregnant women in Dublin North Irlandian. The study concluded that there is a relationship of knowledge with the knowledge of mothers about nutrition during pregnancy, where the higher the education of pregnant women, the knowledge of the higher (Lane, et. All, 2013).

### **3.3.3 Overview attitude**

Distribution attitude showed the highest distribution is pretty much as 34 respondents (59%). Factors associated with respondents' attitudes include age, occupation and number of children. Most of the respondents aged 20-35 years. Distribution of the age of 20-35 years are included in the category of early adulthood where at this stage one has entered the maturity level of both affective and cognitive. Affective abilities means that the individual has been able to analyze the situation in the surrounding and connecting with himself, while in terms of cognitive meaning that they have the ability to choose the best course of action for him (Budiman and Riyanto, 2013).

Another factor is the type of work that most of the respondents are housewives. Housewives have less strict than mothers who work to monitor the health of family members, including himself. Housewives have the time and more opportunities to interact with people in their environment, for example health or health programs in their area. This helps the mother noticed the condition of his health, particularly in relation to the examination of her pregnancy (Khomsan, 2008).

The number of children associated with maternal experience about child care and care during pregnancy. The experience subsequently became the basis of the formation of attitudes of pregnant women in pregnancy examination. Previous child care experience, especially about prenatal care, if it is felt by pregnant women to benefit her pregnancy, the expectant mother will perform that action on the current pregnancy, so it becomes a good attitude. But if the experience of antenatal care in a previous pregnancy did not leave a good impact, the attitudes of mothers towards antenatal be bad (Niven, 2008).

This study did not get respondents who have less attitude. This is due that pregnant women have a tendency to worry about the health of her pregnancy, so any attempt or solicitation aimed to maintain their health will certainly be welcomed. It is as the study of knowledge, attitudes pregnant women with anemia avoiding action. The study concluded that the majority of pregnant women have a good attitude

(73.36%). Mother has a good attitude because they have to understand that measures to avoid the incidence of anemia is very important for the health of her pregnancy (Nivedita, 2016).

Respondents' attitudes toward pregnancy examination is largely sufficient, meaning that respondents have a good attitude towards pregnancy testing. The attitude enough if it is associated with cognitive component of attitude, it can also mean that most respondents have a tendency willing antenatal (Wawan dan Dewi, 2011).

### **3.3.4 Representation of liveliness antenatal care visit**

The distribution of inspection visits showed the highest distribution was complete as many as 37 respondents (64 %). This distribution shows that most respondents had antenatal accordance with the rules or standards required examination. Figures complete visit of respondents are still below the target of K4 coverage Sukoharjo in 2016 amounted to 93.23 % (departement of health, Kab. Sukoharjo, 2016)

Several factors related to pregnancy tests, among others, the availability of antenatal care facilities and infrastructure in the research area, for example, the village midwife and health centers. Factors enabling includes the availability of facilities and infrastructure or facilities to public health, such as clean water, landfills, where excreta disposal, the availability of nutritious foods and so on, as well as health care facilities such as health centers, hospitals, clinics, neighborhood health center, polindes, postal village medicine, the doctor or midwife private practice, and so forth (Suririnah, 2008).

Pregnant women whose pregnancy check to healthcare providers not only because he knows and aware of the benefits of prenatal care alone, but pregnant women should easily be able to obtain antenatal care facility or place. Factors reinforcing attitudes and behavior factors include community leaders, religious leaders, the attitude and behavior of officials including medical personnel and the laws, regulations both from central and local government related to health (Wiknjosastro, 2010).

Factor of the amplifier can be either positive or negative, depending on the attitude and behavior of people in his neighborhood. For example, in a neighborhood health center where the program becomes the amplifier is / chiefs of villages, health workers / health center, chairman of the PKK, the mother of the baby / toddler, pregnant / breastfeeding, which may affect each other (Green, 2005).

Public health service Gatak Sukoharjo has made efforts to improve maternal pregnancy visit. These efforts include free pregnancy tests and engage or hold private parties to attract the inspection visit pregnancy. One of the activities carried out in January 2016 public health service Gatak Sukoharjo cooperation with manufacturers of products for pregnant women conducting a free inspection and a gift for the mother who visited that day.

The number of antenatal visits respondents there were in excess of the minimum stay or more than 4 times a visit. Pregnant mothers to visit pregnancy, not

always to do a routine check of pregnancy, but also to do when they are impaired or problem pregnancy, for example, women experience a cough, flu, and fever.

### **3.3.5 Correlation knowledge with liveliness antenatal care visit**

The result Chi Square test correlation knowledge with liveliness antenatal care visit has obtained the value  $\chi^2_{hitung}$  as big as 12,013 with *p-value* 0,002 so the conclusion there is correlation with knowledge o pregnant women about antenatal care with liveliness antenatal care visit in Public health center of Gatak Sukoharjo, so the better knowledge of the mother , the liveliness of her antenatal care visit more complete.

Knowledge according to their functions are the basic urge to want to know, to look for reasoning, and to organize reasoning. There is an element which originally was not consistent with what is known by the individual will be arranged, rearranged or modified such that it reached a consistency which in this study the higher the level of knowledge of pregnant women, mothers carry the better antenatal care (Anwar, 2007)

Knowledge of mothers about antenatal becomes the basis for a mother to take action, especially antenatal health. Mothers who have a good knowledge will know understanding, purpose and benefits of prenatal care. The higher the mother's level of knowledge about prenatal care, then the action in the examination of her pregnancy, the better.

This examination showed no association with knowledge about pregnancy tests pregnancy tests in pregnant women. This study supported previous research that studies the relationship of knowledge of pregnant women about the danger signs of pregnancy with obedience ANC. The study concluded there is a relationship of knowledge of pregnant women about the danger signs of pregnancy with obedience ANC where the higher knowledge of pregnant women about the danger signs of pregnancy, then visit the higher pregnancy (Aritha, 2013).

Other studies on the knowledge and attitude of pregnant women with antenatal care in hospitals Calabar Nigeria concluded that there are knowledge and attitude toward pregnancy testing. Research shows the higher the level of knowledge and attitude, then the compliance of pregnant women undergoing antenatal higher (Ojong, 2015).

Research on the relationship of knowledge with maternal health maintenance behavior during pregnancy in pregnant women in Negeria in 2014 concluded that there is a relationship with the mother's knowledge of health care maternal behaviors during pregnancy such as relaxation and breathing exercises, prevention of the risk of back pain, and muscle strength training. This study shows that the higher the maternal knowledge behavioral health care during pregnancy, the better (Chidozie, et.all, 2014).

### **3.3.6 Correlation attitude with liveliness antenatal care visit**

The result of Chi Square test correlation attitude with liveliness antenatal care visit has obtained the value  $\chi^2_{\text{hitung}}$  as big as 13,771 with *p-value* 0,000 so the conclusion that correlation attitude about antenatal care with antenatal care visit in public health center of Gatak Sukoharjo, so the better attitude of the mother, the liveliness of her antenatal care visit more complete.

The results of this study indicate that the attitude of the respondents were either affecting the regularity of antenatal visits. And the attitude of the respondents were also negatively affecting irregularities antenatal visit. Respondents who have a positive attitude tend to be irregular in antenatal so the mother and the fetus monitored and can improve the health of the mother and fetus. While respondents who have negative attitudes tend to be irregular in antenatal so that the health of the mother and fetus are less monitored better.

This is supported by the opinions Berkotwits if the person's attitude better, it will tend to appear a good behavior, otherwise if a person's attitude is negative then it will tend to appear a negative behavior pattern. That attitude can affect the behavior of the decision-making process through a thorough and reasoned. Simply put this theory to explain that someone would commit an act if the act looked positive and if he believes that other people want him to do it (Dahniar, 2011).

Results of this study was supported by research on the relationship between knowledge and attitudes toward regularity pregnant women antenatal care at the Maternal and Child RSKD Siti Fatimah Makassar in 2011. The results of analysis of the relation of knowledge to compliance with the chi-square test showed a significant relationship knowledge and attitudes towards pregnant women regularity antenatal care at the Maternal and Child RSKD Siti Fatimah Makassar in 2011 (Dahniar, 2011).

## **4. CLOSING**

### **4.1 Conclusion**

Maternal mortality in Sukoharjo 2015 high enough that the causes of maternal mortality are haemorrhage amounted to 30.77%, amounting to 15.38% eclampsia, infections amounted to 7.69%, and others amounted to 46.15%. One of the efforts to prevent the risk of maternal death is routine antenatal care. Behavior of pregnant women in antenatal care implement related knowledge and attitudes of mothers towards pregnancy testing.

The first observation results showed that 6 out of 10 pregnant women during their pregnancy are less aware of the benefits of prenatal care. Furthermore, the results of questions about the attitude of pregnant women showed five mothers have unfavorable attitudes towards prenatal care, for example, they stated that the checkups when there is a problem or near the time of birth.

Descriptive analytic study, which describes the knowledge, attitudes, and antenatal and analyze the correlation between knowledge and attitude towards

antenatal care to pregnant women in Public health center of Gatak Sukoharjo. Research samples were 58 pregnant women with accidental sampling technique. Collecting data using questionnaires and analyzed by chi square.

Research shows that most respondents aged 20-35 years old, high school educated, as a housewife, and has one child. Knowledge of pregnant women about antenatal care in Public health service Gatak most are quite influenced by the level of education. The attitude of pregnant women about antenatal care in Gatak Public health center is largely being influenced by maternal age and experience. Behavior antenatal care of pregnant women in Public health service Gatak is largely complete influenced by adequate infrastructure.

Research shows there is a correlation knowledge of pregnant women with antenatal care in Gatak Public health center, where the higher the mother's knowledge, the more complete examination of her pregnancy. The attitude of pregnant women associated with antenatal care of pregnant women in Gatak Public health center, where the better the attitude of expectant mothers, the more complete examination of her pregnancy.

#### **4.2 Suggestion**

Based on the results of the discussion and conclusions the researchers may be able to advise as follows:

##### **1. Public health center (Puskesmas)**

The results of this study can be a reference for officers in Gatak Public health center about the knowledge and attitudes of pregnant women in the region. Health workers in health centers Gatak Sukoharjo should make efforts to improve knowledge and attitudes, for example by giving health education to the community, especially pregnant women or creating a brochure given to the health of pregnant women who do not want to come to the clinic checkups.

##### **2. Educational Institution**

Educational institutions should educate and prepare their students especially prospective nurses to have the ability and skills to provide information and education to the public about health.

##### **3. Pregnant women**

Pregnant women should always do a pregnancy examination sebagai attempts to control the state of health of the fetus, so as to avoid any disturbances during pregnancy pregnancy.

##### **4. Subsequent research**

Subsequent research should be added other factors related to compliance with prenatal care, for example, family support factor, the factor of community leaders and religious leaders, husband support, economic factors and so on in order to know whether the most dominant factor related to compliance antenatal.



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