PREGNANT WOMEN'S KNOWLEDGE LEVEL OF PREGNANCY EXAMINATION

Ade Jubaedah ¹ and Halimatusadiah ²

¹ Lecturer, Midwifery Department, Institute of Health Science PELITA ILMU. ² Institute of Health Science PELITA ILMU.

Abstract

Background In ASEAN, Indonesia is a country that has the highest maternal mortality rate. Maternal mortality rate (MMR) is one indicator in determining the 3 degrees of public health. Based on the results of the 2015 Inter-Census Population Survey (SUPAS), the maternal mortality rate was recorded at 305 per 1,000 live births (RI Ministry of Health, 2019). Purpose To find out the description of the level of knowledge of pregnant women about pregnancy examinations at PMB midwives E, Tanah Cereal District, Bogor City for the period February-March 2023. Research Methods This type of research is a type of quantitative descriptive research. This research was conducted at PMB midwives E for the period February-March 2023, the sample in this study was 30 respondents. The sampling technique, namely accidental sampling, is a respondent who accidentally meets the researcher, the research instrument was a questionnaire, the research data analysis technique was univariate analysis. The results of the study on the knowledge of pregnant women regarding pregnancy examinations at PMB midwives E for the period February-March 2023, can be categorized as having sufficient knowledge of 86.7% (26 respondents) and having less knowledge of 13.3% (4 respondents) for the age category at risk of 6.7%. (2 respondents) while those who are not at risk are 93.3% (28 respondents) the higher education category is 90% (27 respondents) while those with low education are 10.0% (3 respondents) the category of working mothers is 46.7% (14 respondents) and not working by 53.3% (16 respondents) category based on parity with primigravidas by 53.3% (16 respondents) while multigravidas by 46.7% (14 respondents) category based on pregnancies visiting <4 times by 66.7% (20 respondents) and >4 times by 33.3% (10 respondents). Conclusion of Knowledge of Pregnant Women About Pregnancy Examination at PMB midwives E for the period February-March 2023, most have sufficient knowledge.

Keywords: Knowledge of pregnant women, Pregnant women, Pregnancy test

INTRODUCTION

Maternal health is part of public health which is described as increasing if maternal mortality rates decrease and delivery assistance by health personnel increases where deliveries occur in health facilities. Improving maternal health in Indonesia is the fifth Millennium Development Goals (MDGs) development goal which has been running slowly in recent years. The number of maternal deaths summarized from the registration of the family health program at the ministry of health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019, 4,221 people who died. Judging from the causes, many maternal deaths in 2020 are caused by bleeding in more than 1,330 cases, hypertension in pregnancy more than 1,110 cases, and circulatory system problems in 230 cases (Indonesian Health Profile, 2022).

The maternal mortality rate (MMR) is an important indicator that can describe the welfare of society in a country. According to the definition of the World Health Organization (WHO) maternal death is the death of a woman while pregnant or within 42 days after the end of pregnancy due to all causes related to or aggravated by pregnancy or its management, but not caused by accident/injury (Hidup and Padang, 2020). Every year an estimated 529,000 women in the world die due to complications from pregnancy and childbirth, so it can be estimated that the maternal mortality rate that occurs is 400 per 100,000 live births (estimated maternal mortality from

WHO/UNICEF/UNFPA 2000). Nearly all maternal deaths occur in developing countries. The maternal mortality ratio in developing countries in 2015 was 239 per 100,000 live births and in developed countries it was 12 per 100,000 live births (Respati, Sulistyowati and Nababan, 2019).

The Maternal Mortality Rate (MMR) in Indonesia is still considered high when compared to MMR in other countries. Based on the results of the Indonesian Demographic Health Survey (IDHS), in 2023 there will be a significant increase in MMR, namely 359 mothers per 1000,000 live births. MMR again showed a decrease to 305 maternal deaths per 100,000 live births based on the results of the 2015 Inter-Census Population Survey (SUPAS). (Suparman et al., 2019). MMR in West Java province in 2023 was recorded at 147/1000 live births, with a target of reducing MMR by 80-84% from 1000 live births. IMR in West Java in 2023 was recorded at 13.56/1,000 live births, a significant decrease from 26 per 1,000 live births over the last decade and this figure is lower than the national average IMR (Dinkes Responsibilities, 2023).

Whereas AKI in Bogor city from 2015-2019 based on mathematical calculations AKI in Bogor city from 2015-2019 the graph decreased from 55.41 per 1.000 KH to 46.48 per 1,000 KH in 2017 increased again to 48.59 per 1,000 KH. In 2018 the MMR chart decreased again, but in 2019 it increased to 61.73 per 1,000 Kh. Meanwhile, the IMR in the city of Bogor from 2015 to 2019 has remained the same, namely 41.82 per 1,000 live births. When compared to the provincial AKB, the IMR in Bogor city in 2018 is still high. (Bogor City Health Office Profile, 2019). Data from Riskesdas 2010 showed that 55.4% delivered in health facilities and 43.2% delivered at home. In the group of mothers who gave birth at new homes, 51.9% of deliveries were assisted by midwives. while those assisted by traditional birth attendants were 40.1%. This condition is still exacerbated by the factors "4 too" and "3 too late". 4 Too i.e. too young (less than 20 years), too old (more than 35 years), too close (less than 2 years between births) and too many (less than 3 or more than 2 children). While 3 were late, namely late in making decisions at the family level, late in referring, and late in handling (H et al., 2015). The cause of maternal death can actually be prevented by carrying out adequate prenatal care. By carrying out Antenatal Care (ANC) regularly for pregnant women, it is hoped that they can detect early and treat complications that can occur in pregnant women, so this is important to ensure that the natural process of pregnancy goes normally, pregnant women according to standards during pregnancy by skilled and professional health workers (specialists, midwives, nurses). ANC is a program to reduce the Maternal Mortality Rate (MMR). According to the Indonesian Ministry of Health, the policy that applies in Indonesia for Antenatal Care visits is at least 6 times during pregnancy, namely at least 2 times in Trimester I (KI), at least 1 time in Trimester II (K2), and at least 3 times in Trimester III (K3 and K4).) (Care et al., 2020).

Antenatal care is important to ensure that natural processes continue to run normally during pregnancy. The purpose of antenatal care is to monitor the progress of the pregnancy, keep the pregnancy healthy until the time of delivery and puerperium, as well as monitor the risks of pregnancy, plan optimal management and reduce morbidity and mortality rates for mothers and their foetuses.

The role of midwives as health workers is as executors, managers, educators, and researchers. The role of midwives in prenatal care is to provide satisfactory services for pregnant women with different and varied individual characteristics. One of the

efforts to improve the quality of ANC services is to improve communication between midwives and pregnant women. The role of a midwife is also to provide prenatal care or before delivery, check the physical condition of the mother during pregnancy, during labour and after delivery, accompany the mother and handle vaginal delivery directly, identify possible complications from childbirth, monitor the condition of the foetus during labour and provide advice medical treatment for pregnant women if necessary(Qurniatillah, 2021).

RESEARCH METHODS

This study used a descriptive research method with a cross sectional approach which was carried out purely to provide a description without in-depth analysis. This research was conducted to determine the knowledge of pregnant women about prenatal care based on age, parity, education, occupation, and frequency of visits. The location of the research was conducted at TPMB midwives E, Tanah Cereal District, Bogor City, February-March 2023. The population in this study were pregnant women at TPMB Midwives E, as many as 200 pregnant women in Tanah Cereal District, Bogor City, February-March 2023. The sample in the study in as many as 30 samples.

RESULTS AND DISCUSSION

Based on the collection, processing and analysis of data carried out about the description of pregnant women's knowledge about pregnancy examinations at TPMB midwives E, Tanah Cereal District, Bogor City, in terms of age, education, occupation, gravida, and frequency of visits. Then the following is presented in the form of a table 1.

Table 1: Frequency distribution of knowledge

No	Knowledge	Frequency	% (Percent)
1	Enough	26	86,7
2	Not enough	4	13,3
	Total	30	100

Table 1 Frequency distribution of knowledge description of pregnant women about pregnancy examinations in the TPMB midwife E work area, Tanah Cereal sub-district, Bogor city for the period February-March 2023. Based on the frequency of knowledge. Based on the results of the research conducted, the frequency distribution of the level of knowledge of pregnant women about pregnancy examinations who have sufficient knowledge is 86.7% (26 respondents) and less knowledgeable is 13.3% (4 respondents) with a sample of 30 people. According to Notoatdmodjo (2016). Knowledge is one of the dominant behaviours that is influenced by several internal factors such as physical and spiritual as well as external factors such as gender, age, employment, parity, education, experience, economy, social relations, and information. So that the differences in the characteristics of the respondents which include knowledge, age, education, occupation, parity and visits of respondents in this study also resulted in differences in the knowledge obtained by respondents about pregnancy examinations.

This research is in accordance with Handayani's 2020 research that 86.7% (26 respondents) had good knowledge of pregnant women and 13.3% (4 respondents) had less knowledge in this case illustrates that the knowledge factor of pregnant women influences the implementation of prenatal care so that it can prevent

emergencies during pregnancy and childbirth. So, there is no gap between theory and practice. Frequency distribution of description of pregnant women's knowledge about pregnancy examinations Based on age in the TPMB midwife E's work area, Tanah Cereal District, Bogor City, February-March 2023. Based on the age frequency as shown in table 2.

Table 2: Age Frequency

No	Age	Frequency	% (Percent)
1	Risk	2	6,7
2	No Risk	28	93,3
	Total	30	100

Based on the results of the research conducted, the frequency distribution of the level of knowledge of pregnant women regarding prenatal care based on age at risk was 6.7% (2 respondents), while those who were not at risk were 93.3% (28 respondents) with a sample size of 30 people. According to Prawirohardjo (2014), the older a person is, the easier it is to receive information and affect a person's level of awareness because of the experience gained, the more knowledge they have.

This research is in accordance with Handayani's 2020 research that pregnant women who are over 40 years of age have more awareness and experience so that they are able to influence the level of knowledge of pregnant women in carrying out pregnancy tests so that in this study the results obtained were 93.3% (28 respondents) with non-risk pregnancies and obtained 6.7% (2 respondents) with at-risk pregnancies. So that in this study there is no gap between theory and practice. Frequency distribution of description of pregnant women's knowledge about pregnancy check-ups based on education in the TPMB midwife E work area, Tanah Cereal sub-district, Bogor city for the period February-March 2023 as shown in table 3.

Table 3: Pregnancy check-up

No	Parity	Frequency	% (Percent)
1	Primigravida	16	53,3
2	Multigravida	14	46,7
	Amount	30	100

Based on the results of the research conducted, the frequency distribution of the level of knowledge of pregnant women regarding prenatal care based on parity with *Primigravidas* was 53.3% (16 respondents) while Multigravidas was 46.7% (14 respondents) with a sample of 30 people. According to the book (Prawirohardjo, 20013) Gravida is a mother who is pregnant. Gravida is the number of pregnancies experienced by women. Followed by the total number of these pregnancies.

This research is in accordance with Handayani's 2020 research that pregnant women who have given birth have better knowledge compared to mothers who are pregnant for the first time, so that in this study 53.3% (16 respondents) were primigravida mothers and 46.7% were *multigravid* pregnant women. (14 respondents).

Frequency distribution of the description of pregnant women's knowledge about pregnancy checks based on visits to the TPMB midwife E work area, Tanah Cereal sub-district, Bogor city for the period February-March 2023 can be seen in table 4.

Table 4: Frequency of visits by pregnant women

No	Frequency of visit	Frequency	% (Percent)
1	< 6	20	66,7
2	>6	10	33,3
	Total	30	100

Based on the results of the research conducted, the frequency distribution of the level of Knowledge of Pregnant Women about Pregnancy Examinations who visited <4 times was 66.7% (20 respondents) and >4 times 33.3% (10 respondents) with a total sample of 30 people. An ANC visit is a visit made by every mother during pregnancy to the doctor or midwife which is done as early as possible when she feels that she is pregnant to get antenatal care or services. (Wundashary, 2012).

This research is in accordance with the results of Handayani's 2020 research that pregnant women who have good knowledge are able to carry out pregnancy visits according to standard visits set by the Ministry of Health so that mothers are able to obtain information about their health and that of the foetus and can take precautions if problems occur during pregnancy. visits <6 times by 66.7% (20 respondents) and those who visited >6 times by 33.3% (10 respondents) With a sample of 30 respondents.

CONCLUSION

Based on the results of the research that has been carried out by the researcher, in accordance with the general objectives, namely to know the description of the knowledge of pregnant women about TPMB midwives E examinations and to find out the relationship between each variable and the factors that influence pregnant women's knowledge about pregnancy examinations at TPMB midwives E, Tanah subdistrict Bogor city cereals for the period February-March 2023

From the results of the research that has been carried out, the authors will provide input to health workers at T P M B Midwife E Bogor city in accordance with the benefits aimed at increasing information about prenatal care and being able to provide as much information as possible with interesting media such as posters, leaflets, etc. more insight into pregnant women. It is hoped that this research can become input for developing learning about pregnancy checks and be applied to the community. There needs to be further research, so that other factors that are influential but are not included in the study so that they can be investigated further.

References

- 1) Anwar Sanusi, 2011, Business Research Methods, Salemba Empat, Jakarta Indonesia. 2020, Indonesian ministry of health Maternal and child health books, Jakarta: ministry of health and JICA
- 2) Arikunto, S. 2010. Research Procedures A Practice Approach. Jakarta:
- 3) Azwar, saifuddin. 2013. Research methods. Yogyakarta: Cohen student library,
- 4) L., Manion, L., & Morrison, K. 2020. Research Methods in Education (6th ed.). London, New York: Routllege Falmer
- 5) Ministry of Health (MOH). 2020. Jakarta antenatal service guidelines: directorate general of medical services. pp. 1-98.
- 6) Ministry of Health of the Republic of Indonesia. (2015). Indonesian Health Profile. www.depkes.go.id/.../profil-kesehatan-indonesia/profil-kesehatan- Indonesia-2015.pdf

- 7) Mahmud. 2011. Educational Research Methods. Bandung: Faithful Library. Manuaba, Ida Bagus. 2010. Obstetrics Obstetrics Gynecology and KB Edition 2. Jakarta. EGC
- 8) Marmi. 2011. Midwifery Care for Pregnant Women. Yogyakarta: Mufdlilah Student Publishers. 2009. Midwifery Care Guide for Pregnant Women. Yogyakarta: Nuha Medika. Matter. 11-13, 15-18, 21, 45.
- 9) Notoatmodjo, S. 2010. Health Research Methodology. Jakarta: Rineka Cipta.
- 10) Prawirohardjo, Sarwono. 2014. Obstetrics. Fourth Printing Edition 4. Jakarta: Sarwono Prawirohardjo Library Development Foundation. Rineka Cipta.
- 11) Sugiyono. (2017). Quantitative, Qualitative and R&D Research Methods. Bandung: PT Alfabet. World Health Organization. Maternal Mortality. In: Reproduction Health and Research, editor. Geneva: World Health Organization; 2016