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RELATIONSHIP BETWEEN LEVELS OF FORMAL EDUCATION AND PREGNANT WOMEN'S KNOWLEDGE ABOUT CARE OF NEW BIRTH AT HANA KASIH CLINIC IN 2021

Rizky Andriani Bakara

Darmo Midwifery Academy

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ABSTRACT

The background of formal education is very influential on all aspects of the lives of mothers from the perspective of thoughts, feelings and actions. The higher the education level of a mother, the higher the mother's basic ability to care for her baby. This study aims to determine the relationship between the level of formal education and knowledge of pregnant women about newborn care. The research method used isanalytical observationwith a cross-sectional approach method. Where the population is 35 pregnant women and the sampling technique is accidental sampling, so the number of samples is 35 pregnant women. The results of the analysis showed that from 35 pregnant women the majority there were 18 pregnant women with basic education the majority had less knowledge as many as 18 people (51%). The results of the Chi-Square test obtained a value of = 0.000, this means that the p-value is smaller than (0.05), which means that there is a relationship between the level of formal education and knowledge of pregnant women about newborn care. It is expected that health workers at the Bunda Kabanjahe Clinic will provide counseling about newborn care and pregnant women to increase knowledge about newborn care.

E-mail:

risky.andriani1990@gmail.com

1. introduction

Health development is an investment to improve the quality of human resources. In measuring the Human Development Index (HDI), health is one of the main components besides education and the economy. Judging from the Human Development Index (HDI) figures, Indonesia is still very low at ranking 110 out of 117 countries (Anggraini, 2014).

WHO (*World Health Organization*) In 2013 data obtained the Infant Mortality Rate (IMR) reached 33.6 per 1,000 live births, while the neonatal mortality rate reached 20 per 1,000 live births. In continental Europe, the infant mortality rate (IMR) reaches 10.5 per 1,000 live births, while the neonatal mortality rate reaches 6.1 per 1,000 live births. In the Americas the Infant Mortality Rate (IMR) reaches 12.4 per 1,000 live births, while the neonatal mortality rate reaches 7.6 per 1,000 live births. On the African continent, the infant mortality rate (IMR) reaches 59.9 per 1,000 live births, while the neonatal mortality rate reaches 30.5 per 1,000 live births. Meanwhile in Asia, the infant mortality rate (IMR) reached 37.3 per 1,000 live births, and the neonatal mortality rate reached 25.9 per 1,000 live births. In America, the Infant Mortality Rate (IMR) reaches 5.9 per 1.

The IDHS (2012) states that the Infant Mortality Rate (IMR) is 32 per 1,000 live births, 60% of infant deaths occur at the age of 1 month, and the neonatal mortality rate is 19 deaths per 1,000 live births. The perinatal mortality rate in Indonesia is 26 deaths per 1,000 pregnancies (IDHS, 2012).

Infant mortality was highest during the 10-year period before the survey was found in infants living in rural areas, as well as infants whose mothers did not attend school. Perinatal mortality has a negative relationship with maternal education, perinatal deaths based on maternal

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education are: Elementary school graduate 41 deaths per 1,000 live births, Not graduated from elementary school 40 deaths per 1,000 live births, No school 36 deaths per 1,000 live births, No high school graduation 22 deaths per 1,000 live births 1,000 live births, high school graduation 20 deaths per 1,000 live births and university education reaching 9 deaths per 1,000 live births (IDHS, 2012).

Neonates is the first period of life outside the womb until the age of 28 days. There is a very big change from life in the womb to outside the womb. At this time, there will be organ maturation in almost all organ systems of the baby. Meanwhile, the baby is the period of the first stage of a human's life after being born from the womb of a mother (Putra, 2012).

Education, like the nature of its target, namely humans, contains many aspects and is very complex in nature. Because of its complex nature, there is no sufficient limit to fully explain the meaning of education (Tirtarahardja, et al, 2012).

Knowledge itself is influenced by formal education factors. Knowledge is very closely related to education, where it is hoped that with higher education, the person will have wider knowledge. According to the WHO theory (*World Health Organization*) quoted by Notoatmodjo (2007), one form of health object can be described by knowledge gained from own experience (Wawan, 2015).

Based on the information obtained in the initial survey in March 2021 at the Hana Kasih Clinic in 2021, the author conducted interviews with 10 pregnant women, it turns out that there are 6 pregnant women (with basic education) who do not know how to take care of newborns every day because they are just pregnant for the first time. times so that there is no experience about caring for newborns, while the other 4 pregnant women (1 pregnant women with higher education and 3 pregnant women with secondary education) already know how to care for newborns such as bathing babies, umbilical cord care, and exclusive breastfeeding. .

Based on the description above, the authors are interested in conducting a study with the title "The Relationship Between Level of Formal Education and Knowledge of Pregnant Women About Newborn Baby Care at Hana Kasih Clinic in 2021".

2. Method

The type of research used is *analytical observation*with cross sectional approach method. The population in this study were 35 pregnant women at the Hana Kasih Clinic in 2021. The sampling technique used in this study was accidental sampling, totaling 35 pregnant women at the Hana Kasih Clinic in 2021. This research was carried out starting from April – October 2021.

3. Results and Discussion

Table 1. Distribution of Characteristics of Pregnant Women

Characteristics	Category	f	(%)
Age	<20 years	13	37
	20-35 years old	22	63
	Total	35	100
Education	Base	18	51
	Middle High	14	40
		3	9
	Total	35	100
Work	Farmer	21	60
	entrepreneur	8	23
	IRT	6	17
	Total	35	100
pregnant to	1-3	31	89
	4-5	4	11
	Total	35	100

Based on the table above shows the characteristics of the respondents from 35 respondents, the majority are aged 20-35 years, namely as many as 22 people (63%), basic education as many as 18 people (51%), the majority work as farmers, namely 21 people (60%), and the majority were pregnant to 1-3 as many as 31 people (89%).

Table 2. Distribution of Formal Education Level of Pregnant Women

Formal Education Level	f	(%)
Basic education	18	51
Middle education	14	40
higher education	3	9
Total	35	100

The results of the analysis show that of the 35 pregnant women who have formal education, the majority are categorized as basic education, namely 18 people (51%), secondary education as many as 14 people (40%) and 3 people with higher education (9%).

The level of formal education is the level of education in schools that is intentionally designed and implemented with strict rules, such as having to be tiered and continuous (Tirtarahardja, et al, 2012).

The results of research by Nofemi Puspaningrum and Catur Setyorini (2013), entitled the relationship between the level of formal education and knowledge of pregnant women about newborn care in Suruh Kalang Village, Jaten District, Karanganyar Regency in 2013 showed that the most formal education level group was basic education. From these data, it can be seen that the majority of pregnant women have basic education. This is due to both economic factors in the family, lack of absorption and socio-cultural factors that some people think that women do not need to take higher education. Whereas education is a process of educating humans with the aim of improving human life towards a more perfect one

The results of this study are in line with the theory of Tirtahardja (2012) and the research of Nofemi Puspaningrum and Catur Setyorini (2013) which stated that many pregnant women have a formal education level, namely basic education. This is because there are still many parents who do not feel the importance of formal education, so that many pregnant women still have a basic level of education.

Table 3. Distribution of Pregnant Mother's Knowledge About Newborn Care

Knowledge	f	(%)
Good	9	26
Enough	8	23
Not enough	18	51
Total	35	100

The results of the analysis showed that of the 35 pregnant women the majority had less knowledge about newborn care, as many as 18 people (51%). Pregnant women who have good knowledge about newborn care are 9 people (26%) and pregnant women who have sufficient knowledge about newborn care are 8 people (23%).

The majority of pregnant women were aged 20-35 years, as many as 22 people (63%) and aged <20 years, as many as 13 people (37%). The majority of pregnant women have farmer jobs as many as 21 people (60%). The majority of pregnant women have 0-2 children, as many as 31 people (89%). The majority of pregnant women are pregnant for the 1-3 as many as 31 people (89%).

The theory put forward by Wawan (2012) that knowledge is an impression in the human mind as a result of the use of the five senses. Knowledge is very different from belief, superstition, and false explanations. Knowledge is everything that is known based on the experience gained by every human being. Basically, knowledge will continue to increase and vary according to the process

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of experience experienced (Wawan, 2012).

The results of this study are not in line with the theory of Nofemi Puspaningrum and Catur Setyorini (2013), because the results of the study indicate that the majority of pregnant women have less knowledge about newborn care. This is because there are still many pregnant women who provide unfavorable care to newborns, such as putting powder on the baby's center and smearing oil on the baby's center, even though the baby's umbilical cord has not been separated. In addition, many mothers also add traditional ingredients to the crown of the baby. From this it appears that the mother's knowledge is still lacking about newborn care.

Table 4. Cross Tabulation of the Relationship Between Level of Formal Education and Knowledge of Pregnant Women About Newborn Care

Formal Education Level	Knowledge						Total		Test Chi Square
	Good		Enough		Not enough				
	N	%	N	%	N	%	N	%	
Base	0	0	0	0	18	51	18	51	
Intermediate	6	17	8	23	0	0	14	40	*p*=0.000
PT	3	9	0	0	0	0	3	9	
Total	9	26	8	23	18	51	35	100	

Judging from the results of research conducted on 35 pregnant women at the Hana Kasih Clinic in 2021, the majority of 18 pregnant women with basic education had less knowledge, namely 18 people (51%), from 14 pregnant women with secondary education, the majority had sufficient knowledge, namely 8 people (23%) and of the 3 pregnant women with higher education, the majority have good knowledge, as many as 3 people (9%).

The level of formal education greatly affects the knowledge of pregnant women in caring for newborns. Where the higher the education level of the mother, the higher the possibility of the mother's knowledge about newborn care. The results of the Chi-Square statistical test obtained the value of*p*=0.000. This means that the p value is smaller than x2 (0.05) and thus Ho is rejected and Ha is accepted.

The results of this study are in line with Nofemi Puspaningrum and Catur Setyorini (2013) entitled the relationship between the level of formal education and knowledge of pregnant women about newborn care in Suruh Kalang Village, Jaten District, Karanganyar Regency. basic education as many as 14 respondents (46.7%) and the knowledge of the most respondents is sufficient knowledge as many as 21 respondents (70%) with statistical test results obtained rs (0.647) > rcount (0.364) at an error level of 5% with tcount (4,496 > table (2.042), p (0.00<0.05) which means that there is a relationship between the level of formal education and knowledge of pregnant women about newborn care.

Thus, it can be concluded that in this study there is a relationship between the level of formal education and the knowledge of pregnant women about the care of their newborns. This is because the higher the education level of a mother, the higher the level of knowledge of pregnant women about newborn care. So from the results of this study, no gaps were found between the results of the study and the theory stated above.

4.Conclusion

Based on the results of research on the relationship between the level of formal education and knowledge of pregnant women about newborn care at the Hana Kasih Clinic in 2021, it can be concluded that the level of formal education of pregnant women at the Hana Kasih Clinic in 2021 is the majority with basic education, namely 51% and the minority with higher education, namely 9 %. Knowledge of pregnant women about newborn care at the Hana Kasih Clinic in 2021, the majority have less knowledge, namely 51%, and the minority have sufficient knowledge, namely 23%. There

is a significant relationship between the level of formal education and knowledge of pregnant women about newborn care.

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