

THE EFFECT OF WHATSAPP VIDEO-BASED EDUCATION ON DELIVERY ON KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN IN TRIMESTER III IN THE TIME OF COVID-19

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ABSTRACT

Childbirth is the process of expelling the products of conception (fetus and uri) that are already months old or can live outside the womb through the birth canal, with or without assistance. In Indonesia, the utilization of the coverage of ANC visits is still less than the expected target during this covid 19 period. one of them is in the Working Area of the Gunung Medan Health Center, Dharmasraya Regency in 2021 the K1 visit rate only reached 52% and K4 44%. Research. This study aims to determine the effect of WhatsApp Video-Based Counseling on Childbirth on the Knowledge and Attitudes of Third Trimester Pregnant Women during the Covid-19 period in the Gunung Medan Public Health Center, Dharmasraya Regency. This study uses a True Experimental Design that is used in this study is Posttest-Only Control Design. The population in this study were all third trimester pregnant women living in the Gunung Medan Public Health Center, Dharmasraya Regency with a sample of 40 people. Analysis of this data using the T Test Independent with a significance value of $0.001 < 0.05$. There is an effect of WhatsApp Video-Based Counseling on Childbirth on the Knowledge and Attitudes of Third Trimester Pregnant Women during the Covid-19 period in the Gunung Medan Health Center Working Area, Dharmasraya Regency.

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1. Introduction

The mortality rate is an indicator of the success of a country's health care system. While the Maternal Mortality Rate (MMR) is an indicator in obstetrics. About 800 women die every day due to things related to pregnancy and childbirth. WHO estimates that 15,000 of about 4.5 million women giving birth in Indonesia experience complications that cause death (WHO, 2012).

According to the chairman of the Scientific Committee of the International Conference on Indonesia Family Planning and Reproductive Health (ICIFPRH), Meiwita Budhiansan until 2019 Indonesia's MMR is still high, at 305 per 100,000 live births. This is not in accordance with the target to be achieved in the Sustainable Development Goals in numbers (SDGs) 2015 - 2030, which is to reduce the MMR to below 70 per 100,000 KH.

The frequent occurrence of death during childbirth is caused by bleeding, too young, too old and too much. This condition is then supported by being too late to recognize signs, being late to reach the service place and being late getting help (Hapsari, 2014).

Based on data from Pusdatin (2017) listed in the Indonesian Health Profile, the coverage of K4 visits is 76%. K1 and K4 coverage in West Sumatra in 2017 decreased compared to 2015. In 2015, K1 coverage in West Sumatra was 99% and K4 coverage was 89%. Meanwhile, in 2017 the coverage

of K1 was 90.7% and K4 coverage was 70.9% (West Sumatra Health Office, 2017).

According to data from the Dharmasraya District Health Office in 2017, the number of pregnant women was 5,981 people and those who received K1 were 4,440 people (74.2%), and K4 were 3,697 people (61.8%) (Dharmasraya District Health Office, 2018).Based on the results of an initial survey conducted at the Gunung Medan Health Center, Dharmasraya Regency in March 2021, data were obtained for 353 pregnant women. During covid-19 there was a decrease in the number of K1 visits, namely 52% and K4 44%, before Covid-19 the numbers of K1 and K4 visits could reach 94% and 72.8%, respectively.

Based on the results of an initial survey conducted in Jorong Koto, the working area of the Gunung Medan Health Center, Dharmasraya Regency in 2021. Researchers conducted interviews with 10 pregnant women in Jorong Koto, the Gunung Medan Health Center Working Area, it was found that 7 pregnant women did not visit Antenatal Care regularly according to with their gestational age, and 3 pregnant women visited Antenatal Care regularly according to their gestational age.

2. Method

The research design used in this research is True Experimental Design. The form of the True Experimental Design used in this study is the Posttest-Only Control Design, in this design there are two groups, each of which is selected randomly (R). The first group was given treatment (X) and the other group was not. The group that was given the treatment was called the experimental group and the group that was not treated was called the control group.

3. Result and Discussion

3.1 Result

Data Ananlysis

A. Univariate Analysis

Frequency Distribution of Knowledge Levels of Pregnant Women Given WhatsApp Video-Based Counseling on Childbirth During the Covid-19 Period

TABLE 1.
DISTRIBUTION OF KNOWLEDGE LEVEL OF PREGNANT WOMEN GIVEN COUNSELING

Knowledge	Frequency (n)	Percentage (%)
Well	18	90
Enough	2	10
Not enough	0	0
Total	20	100

Based on table 1 of 20 respondents, it was found that almost all pregnant women who were given counseling about childbirth had good knowledge as many as 18 people (90%).

Frequency Distribution of Knowledge Level of Pregnant Women Who Was Not Given Counseling About Whatsapp Video-Based Childbirth During the Covid-19 Period.

TABLE 2.
FREQUENCY DISTRIBUTION OF KNOWLEDGE LEVEL OF PREGNANT WOMEN WHO WERE NOT GIVEN COUNSELING

Knowledge	Frequency (n)	Percentage (%)
Well	0	0
Enough	1	5
Not enough	19	95
Total	20	100

Based on table 2 of 20 respondents, it was found that almost all pregnant women who were not given counseling about childbirth had less knowledge, namely 19 people (95%).

Frequency Distribution of Attitudes to Pregnant Women Who Was Given Counseling About Whatsapp Video-Based Childbirth During the Covid-19 Period

TABLE 3.
DISTRIBUTION OF THE FREQUENCY OF ATTITUDES IN PREGNANT WOMEN WHO ARE GIVEN COUNSELING

Attitude	Frequency (n)	Percentage (%)
Positive	20	100
Negative	0	0
Total	20	100

Based on table 3 of 20 respondents, it was found that all pregnant women who were given counseling about childbirth had a positive attitude, namely as many as 20 people (100%).

Frequency Distribution of Attitudes to Pregnant Women Who Are Not Given Counseling About Whatsapp Video-Based Childbirth During the Covid-19 Period

TABLE 4
DISTRIBUTION OF THE FREQUENCY OF ATTITUDES IN PREGNANT WOMEN WHO WERE NOT GIVEN COUNSELING

Attitude	Frequency (n)	Percentage (%)
Positive	12	60
Negative	8	40
Total	20	100

Based on table 4 of 20 respondents, it was found that most of the pregnant women who were not given counseling about childbirth had a positive attitude as many as 12 people (60%).

B. Bivariate Analysis

The Effect of Education on Childbirth Based on Whatsapp Videos on Knowledge and Attitudes of Third Trimester Pregnant Women

TABLE 5.
THE EFFECT OF COUNSELING ON KNOWLEDGE AND ATTITUDES OF PREGNANT WOMEN

No	Variable	Counseling				P-Value
		Not given		Given		
		F	%	F	%	
1	knowledge					
	Well	0	0	18	90	
	Enough	1	5	2	10	
2	Attitude					
	Positive	12	60	20	100	0,001
	Negative	8	40	0	0	

Based on table 1 of the 20 respondents studied, it was found that almost all pregnant women who were not given counseling had less knowledge, namely 19 people (95%), while pregnant women who were given counseling almost all had good knowledge, namely 18 people (90%).

Based on table 1 of the 20 respondents studied, the results showed that pregnant women who were not given counseling mostly had a positive attitude, as many as 12 people (60%), while pregnant women who were given counseling all had positive attitudes, namely as many as 20 people (100%).

Based on the statistical test using the Independent T-Test test, it was obtained p value of 0.001 < 0.05, meaning that there was a significant effect between counseling on knowledge and attitudes of pregnant women in the third trimester.

3.2 Discussion

1) Frequency Distribution of Knowledge Level of Pregnant Women Given Counseling

Based on the results of the study as presented in table 1, it was found that respondents in the working area of the Gunung Medan Public Health Center, Dharmasraya Regency in 2021,

almost all pregnant women who were given counseling about childbirth had good knowledge, namely 18 people (90%), a small portion had sufficient knowledge, namely 2 people (10%), and none of the pregnant women had less knowledge (0%). Pregnancy and childbirth are natural processes (normal) and not pathological processes, but normal conditions that become pathological/abnormal if not monitored properly. The aim of prenatal care that must be pursued by midwives through effective antenatal care is to promote and maintain the physical, mental, and social health of mothers and babies through education on health, nutrition, personal hygiene, and the birth process of the baby. However, at the beginning of 2020 the world including Indonesia faced a situation where all activities including health services were limited, namely the Covid-19 pandemic. Examination during the pandemic will experience obstacles, but pregnancy checks can be carried out as long as pregnant women and health workers apply the Covid-19 health protocol during care (Pitale, 2020). Based on the researcher's assumptions, the provision of counseling provided by health workers during the COVID-19 period to pregnant women can affect the mother's level of knowledge. If the mother's knowledge is good, then the third trimester pregnant woman will prepare the things needed so that the delivery goes smoothly, for example, a midwife who supports childbirth, funds, means of transportation and so on. If the mother's knowledge is lacking, the mother will not prepare the things needed during delivery.

2) Frequency Distribution of Knowledge Level of Pregnant Women Who Are Not Given Counseling

Based on the results of the study as presented in table 2, it was found that respondents in the working area of the Gunung Medan Public Health Center, Dharmasraya Regency in 2021, almost all pregnant women who were not given counseling about childbirth had less knowledge, namely 19 people (95%), a small portion had sufficient knowledge, namely as much as 1 person (5%), and none of the pregnant women had good knowledge (0%). The counseling given to pregnant women and posyandu cadres aims to increase knowledge about pregnancy and preparation for childbirth, especially during the COVID-19 pandemic. Knowledge is the result of knowing, this is obtained after a person has sensed a certain object which can be done through the senses of sight, smell, hearing, touch, taste, and taste. In the counseling carried out there was an increase in mother's knowledge after being given counseling. Based on the researcher's assumptions, the knowledge of third trimester pregnant women who are not given counseling tends to have a low level of knowledge about preparation for childbirth. If the pregnant woman does not get information about childbirth when the gestational age has entered the third trimester, it can affect the mother's delivery process later. Because the preparation for childbirth was prepared early so that at any time it was needed, immediate action was taken.

3) Frequency Distribution of Attitudes to Pregnant Women Given Counseling

Based on the results of the study as presented in table 3, it was found that the respondents in the working area of the Gunung Medan Public Health Center, Dharmasraya Regency in 2021 all had a positive attitude, namely 20 people (100%) and none of them had a negative attitude, namely (0%). Education affects the learning process, the higher a person's education, the easier it is for that person to receive information. The more information that comes in, the more knowledge gained about health that affects a person's attitude (Keraf, 2008). Based on the assumption of the researcher, giving birth counseling to pregnant women in the third trimester can affect the mother's attitude. All pregnant women who were given counseling had a positive attitude about childbirth. If all pregnant women can have a positive attitude then the pregnant woman will prepare everything needed before the delivery arrives and the delivery process will run smoothly.

4) Frequency Distribution of Attitudes to Pregnant Women Who Are Not Given Counseling

Based on the results of the study as presented in table 4, it was found that the respondents in the Gunung Medan Public Health Center working area, Dharmasraya Regency in 2021, mostly had a positive attitude, namely 12 people (60%) and almost half had a negative

attitude, namely 8 people (40%). The factors that influence a person's attitude are personal experience, the influence of people who are considered important, culture, mass media, educational institutions, emotional factors. The formation of attitudes is not only influenced by the experience experienced by a person, but the information provided by others will also influence. The lack of mothers paying attention to their health and pregnancy because mothers are busy thinking about their children and household and the lack of information obtained by mothers about P4K (Department and Prevention of Complications) also affects the mother's attitude (Andira, 2015). Based on the assumptions of the researcher, pregnant women who were not given counseling about childbirth mostly had a negative attitude. If the third trimester pregnant woman has a negative attitude, the pregnant woman will not prepare all the things needed during childbirth. And if the pregnant woman does not prepare for the needs during childbirth, it will pose a risk to the mother and her baby, and even cause death.

5) **The Effect of Education on Childbirth Based on Whatsapp Videos on Knowledge and Attitudes of Pregnant Women**

From the research that has been done, the results obtained from 20 respondents who were studied showed that almost all of the third trimester pregnant women had good knowledge with positive attitudes, namely 18 people (90%), while a small percentage of third trimester pregnant women had sufficient knowledge with positive attitudes. positive as many as 2 people (10%). Based on the statistical test using the Independent T-Test test, it was obtained p value of $0.001 < 0.05$, meaning that there was a significant effect between counseling on knowledge and attitudes of pregnant women in the third trimester. The success of the extension cannot be separated from several factors behind it, as stated by Notoadmodjo (2007) the success of a health education can be influenced by several factors, including the readiness of the extension agent, the target and process of counseling, attitudes. Attitudes are influenced by factors including the influence of other people, namely the social component that influences a person's attitude and the influence of educational and religious institutions that have an influence on attitude formation because both lay the basis for understanding moral concepts in individuals (Azwar, 2012). Based on the researcher's assumptions, the provision of counseling provided by health workers during the COVID-19 period to pregnant women in the third trimester can affect the knowledge and attitudes of mothers about preparing for childbirth. Pregnant women who have good knowledge with a positive attitude will tend to prepare all the needs needed during childbirth. On the other hand, if pregnant women have less knowledge with negative attitudes, they tend not to prepare all the needs that will be used during the delivery process.

4. **Conclusions**

Based on the formulation of the problem and discussion, the following conclusions can be drawn, Almost all pregnant women who are given counseling about childbirth have good knowledge, Almost all pregnant women who are not given counseling about childbirth have less knowledge, All pregnant women who were given counseling about childbirth had a positive attitude, Most pregnant women who are not given counseling about childbirth have a positive attitude, There is a significant effect between WhatsApp video-based counseling about childbirth and the knowledge and attitudes of pregnant women in the third trimester of the COVID-19 period in the Gunung Medan Health Center Work Area.

References

- Abdulahak, I, & Darmawan, D. 2015. *Teknologi Pendidikan*. Bandung: PT. Remaja Rosdakarya
- Agus Riyanto. 2013. *Pengetahuan dan Sikap Dalam Penelitian Kesehatan*. Jakarta: Salemba Medika.
- Agustin, Yuana Dwi. 2019. Pengaruh Penyuluhan Berbasis Video Whatsapp Tentang Persalinan Terhadap Pengetahuan Dan Sikap Ibu Hamil Trimester Iii Di Puskesmas Klabang Kabupaten Bondowoso. *The Indonesian journal of health science* vol. 11, No. 2.
- Ambarwati, E.R & Sunarsih, T. 2010. *KDPK Kebidanan Teori & Aplikasi*. Yogyakarta: Nuha Medika.

- Andira., Abdullah & Sidik. 2015. Faktor-faktor yang berhubungan dengan kinerja kader dalam kegiatan posyandu di kecamatan bontobahari kabupaten bulukumba.
- Depkes RI. 2005; Undang-Undang Republik Indonesia Nomor: 23 tahun 2005 tentang Kesehatan; Jakarta; Hal 1. Fisioterapi Indonesia; Jakarta; Hal 5.
- Dinas Kesehatan Kabupaten Dharmasraya. Laporan Tahunan Kabupaten Dharmasraya 2017. Dharmasraya: 2018.
- Dinas Kesehatan Provinsi Sumatera Barat. *Profil Kesehatan Sumatera Barat Tahun 2016*. Padang: DKK Prov Sumbar; 2017.
- Jumiatmoko, M. 2016. Whatsapp Messenger Dalam Tinjauan Manfaat Dan Adab. Wahana Akademika: Jurnal Studi Islam Dan Sosial, 3(1), 51.
- Kementrian Kesehatan RI. 2016. *INFODATIN Pusat Data dan Informasi Kementrian Kesehatan RI Situasi Balita Pendek*. Jakarta Selatan.
- Kementrian Kesehatan RI. *Kesehatan dalam Kerangka Sustainale Development Goals (SDG'S)*. Jakarta: 2015.
- Keraf, Gorys. 2008. *Diksi dan Gaya Bahasa*. Jakarta: PT Gramedia Pustaka Utama.
- Kustandi. 2011. *Media Pembelajaran: Manual dan Digital*. Bogor: Ghalia Indonesia.
- Manuba I. 2012. *Ilmu Kebidanan, Penyakit Kandungan, dan KB*. Jakarta: EGC.
- Notoatmodjo, S. 2010. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- _____. 2011. *Kesehatan Masyarakat Ilmu dan Seni*. Jakarta: Rineka Cipta.
- _____. 2012. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- _____. 2018. *Metodologi Penelitian Kesehatan*. Jakarta: PT. Rineka Cipta.
- _____. 2003. *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Pitale, D.L. 2020. Antenatal care during the COVID-19 Pandemic. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*.
- Pranajaya, & Hendra Wicaksono. 2017. Pemanfaatan Aplikasi Whatsapp (WA) Di Kalangan Pelajar (Studi kasus di Ts Al Muddatsiriyah dan MTs Jakarta Pusat)
- Prawirohardjo, S. 2006. *Buku Acuan Nasional Pelayanan Maternal dan Neonatal*. Jakarta: Yayasan Bina Pustaka.
- Prawirohardjo. 2011. *Ilmu Kandungan Edisi 3*. Jakarta: Yayasan Bina Pustaka.
- Purwanto, Heri. 1998. *Pengantar Perilaku Manusia*. Jakarta: EGC.
- Sondakh Jenny. 2011. *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Malang: Erlangga.
- Sugiyono. 2012. *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif dan R & D*. Bandung: Alfabeta.
- Sugiyono. 2017. *Metode Penelitian Kuantitatif, Kualitatif, Dan R&D*. Bandung: Alfabeta, cv.
- Wawan, Dewi. 2010. *Teori & Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Yogyakarta: Nuha Medika.
- WHO. 2016. Media center (Maternal Mortality). 2 November 2016. <http://www.Who.int/mediacentre/factsheet.s/fs348/en/>. Diunduh Pada Tanggal 10 Maret 2021.