

The Effect of Implementation of Pregnant Women's Class on Knowledge and Attitude of Pregnant Women about Preparation for Delivery in Puskesmas Kabanjahe, Karo Regency in 2022

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ABSTRACT

Maternal Mortality Rate (MMR) is all deaths within that scope in every 100,000 live births. In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality (Kemenkes RI, 2021). Maternal Mortality Rate (MMR) in Sumatra Province North Year 2020 is 62.50 per 100,000 live births. This figure shows a decrease in MMR when compared to the previous year 2019 which is 66.76 per 100,000 live births (202 cases out of 302,555 target for live births) (North Sumatra Provincial Health Office, 2020). Efforts to accelerate the decline in MMR are carried out by ensuring that every mother is able to access quality health services, such as health services for pregnant women, delivery assistance by trained health workers in health care facilities, postnatal care for mothers and babies, special care and referrals in case of complications, and family planning services, including postnatal family planning. Mothers and children are family members who need to get priority in the implementation of health efforts, because they are a vulnerable group. This is related to the phase of pregnancy, childbirth and postpartum in the mother and the phase of child development. This is the reason for the importance of maternal and child health efforts to be one of the priorities of health development in Indonesia (Kemenkes RI, 2018). This type of research is an experimental research with a quasi-experimental method, the research design is One-Group Pretest-Posttest. The research sample was third trimester pregnant women who had attended classes for pregnant women as many as (4) meetings or face-to-face with a time according to the agreement between the midwife and pregnant women as many as 32 people. The results of the statistical test using t-test showed that the mean value based on the implementation of the pre-test class of pregnant women was 12.08 and after the implementation of the class of pregnant women 14.15 (post-test) there was a significant difference ($p = 0.000 < 0, 05$). Data analysis showed an increase in the mean (mean) knowledge of pregnant women before and after the implementation of the class for pregnant women.

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INTRODUCTION

Maternal Mortality Rate (MMR) is all deaths within that scope in every 100,000 live births. In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality (Ministry of Health of the Republic of Indonesia, 2021).

Efforts to accelerate the decline in MMR are carried out by ensuring that every mother is able to access quality maternal health services, such as health services for pregnant women, delivery assistance by trained health workers in health care facilities, postnatal care for mothers and babies, special care and referrals in case of complications, and family planning services including postnatal family planning (Ministry of Health of the Republic of Indonesia, 2021).

The Ministry of Health determines the percentage of puskesmas carrying out pregnancy classes and the percentage of Puskesmas carrying out the orientation of the Delivery Planning and Complications Prevention Program (P4K) as an effort to reduce maternal and child mortality. The class for pregnant women is a means for pregnant women and their families to learn together about the health of pregnant women, which is carried out face-to-face in groups. Antenatal care is a health service by health workers and health professionals (obgyn specialist doctors, general practitioners, midwives and nurses, etc.). The results of antenatal care can be seen from the coverage of K1 and K4 services.

K1 coverage is a big picture of pregnant women who have made their first visit to a health care facility to get antenatal care. While the K4 coverage for pregnant women is a description of the size of pregnant women who have received services for pregnant women according to standards. Another effort made to reduce maternal and infant mortality is to encourage every delivery to be assisted by trained health workers, namely obgyn specialists (SpOG), general practitioners, and midwives, as well as efforts to be carried out in health service facilities. shows that there are 83.67% of pregnant women who undergo childbirth assisted by health workers and carried out in health care facilities in Indonesia. Nationally, these indicators have met the strategic plan target of 79%. However, there are still 17 provinces (50%) that have not met the target (Ministry of Health of the Republic of Indonesia, 2018).

RESEARCH METHOD

This type of research research uses an analytical research design with a cross-sectionall approach, which is the type of research whose cause or risk variables and consequences or cases that occur in the researcher's object are measured or collected sympathetically (at the same time) (Notoadmojo 2018, Hall 26). To find out whether or not there is a "Pengetahuan Relationship, Mother's Attitude and Family Support in Doing Baby Massage Independently in Onowaembo Village, Gunungsitoli Talhun District 2021".

RESULTS AND DISCUSSION

Based on the research conducted, it was found that the majority of pregnant women at the age of 20-35 years were 28 people (84.2%), based on the education level of most pregnant women with higher education > junior high school as many as 20 people (55.2%). Pregnancy/The largest parity was pregnant > 1 as many as 18 people (52.6%).

Based on the results of the research conducted, most of the pre-test results with sufficient knowledge were 19 people (50.0%) before the pregnant women class was carried out. After the implementation of the class for pregnant women, most of the respondents' knowledge in the good category was 27 people (71.7%).

The attitude variable shows that most respondents with a positive attitude were 21 people (55.3%) pre-test/before the class for pregnant women, after the class for pregnant women, positive attitudes at the time of the post-test increased by 30 people (86.8%).

The results of the statistical test using the t-test, showed the mean value (mean) based on the implementation of the pre-test pregnant women class was 12.08 and after the implementation of the 14.15 pregnant women class (post test) there was a significant difference ($p = 0.000 < 0, 05$). Data analysis showed an increase in the mean (mean) knowledge of pregnant women before and after the implementation of the class for pregnant women.

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Table 1. Distribution of the Frequency of Pregnant Women by Characteristics at the Kabanjahe Health Center, Karo Regency in 2022

Characteristics	Number	Percentage
Categorized		
<20- year	1	5,3
20-35 year	27	84,2
>35 year	4	10,5
Total	32	100
Level of education		
Low < SMP	17	44,8
Tall >SMP	15	55,2
Total	32	100
Number of pregnancy/parity		
Pragenat 1	18	47,4
Pragenat > 1	14	52,6
Total	32	100

Frequency distribution of the influence of the implementation of the pregnant women class on knowledge and attitudes about childbirth preparation before and after the pregnant women class was held at the Kabanjahe Health Center, Karo Regency 2022 pregnant Most of the respondents' knowledge in the good category was 23 people (71.7%). The attitude variable showed that most of the respondents with a positive attitude were 21 people (55.3%) pre-test/before the class for pregnant women, after the class for pregnant women, positive attitudes at the time of the post-test increased by 29 people (86.8%).

This is in line with the results of a study conducted by Ulya, 2018, which showed that maternal knowledge about delivery planning and prevention of complications was better for pregnant women in areas with a class of pregnant women than knowledge of pregnant women in areas without a class of pregnant women. And the results of previous studies also in Kaliaman Village, Kembang District, Jepara Regency, showed that there was a significant relationship between the mother's level of knowledge and preparation for childbirth.

Discussion

The results showed that most of the pre-test results with sufficient knowledge were 11 people (50.0%) before the class was held for pregnant women. This shows that there are still things that pregnant women do not understand and know about preparing for childbirth. But after the implementation of the pregnant women class After the implementation of the mother class, Knowledge of pregnant women about pregnancy examinations and care includes knowledge of mothers about the meaning of pregnancy, signs of pregnancy, complaints that are often experienced by pregnant women, physical changes of pregnant women, emotional changes of pregnant women, schedule of pregnancy checks, health services for pregnant women, taking care of pregnant women and fetuses. healthy, things that should be avoided by mothers during pregnancy, myths / taboos, and preparation for childbirth.

The results of the statistical test using t-test, showed the average value (mean) based on the implementation of the pre-test pregnant women class was 12.08 and after the implementation of the class of pregnant women 14.15 (post test) there was a significant difference ($p = 0.000 < 0.05$). Data analysis showed an increase in the mean (mean) knowledge of pregnant women before and after the implementation of the class for pregnant women.

The mean value based on the effect of the class of pregnant women on attitudes about preparation for childbirth before the implementation of the class of pregnant women (pre test) was 11.04 and after the implementation of the class of pregnant women (post test) was 12.35, the results of the statistical test showed a significant difference ($p = 0.001 < 0.05$) means that there is an effect of the implementation of the class on pregnant women on attitudes about childbirth preparation.

The provision of interventions in the form of classes for pregnant women can increase knowledge and attitudes about pregnancy and childbirth in pregnant women. This is also in line with research conducted by, regarding the effect of pregnant women's classes on increasing knowledge and skills of pregnant women regarding maternal and child health in the Sempor II Health Center, Kebumen Regency, that there is a significant difference between skills after and one month after the training of the mother class. pregnant.

Knowledge is one of the driving forces for someone to change behavior or adopt new behavior Changes in knowledge and attitudes can be done with several strategies, one of which is by providing information to increase a person's knowledge and attitudes so as to raise awareness that in the end that person will have an attitude that is in accordance with his knowledge. . In this case, the pregnant women class is one of the efforts to provide information through study groups where pregnant women can learn together, discuss and exchange experiences about maternal and child health in a comprehensive and systematic manner that is carried out on a scheduled and continuous basis. This shows that the implementation of the pregnant women class is beneficial for mothers in preparation for childbirth because pregnant women get information on maternal and child health, exchange opinions and gain knowledge and skills about childbirth preparation.

Variabel	N	Mean	SD	CI 95%	P-value
Knowledge				-2,636-1,518	0,000
Prestest	32	12,08	2,279		
Post-test	32	14,15	2,167		
Ettitude				-0,761-0,146	0,001
Prestest	32	11,04	2,218		
Post-test	32	12,35	2,262		

CONCLUSIONS

The implementation of classes for pregnant women is useful for mothers in preparation for childbirth because pregnant women get information on maternal and child health, exchange opinions and gain knowledge and skills about childbirth preparation. The class program for pregnant women continues to be carried out at the puskesmas as a forum to increase knowledge and attitudes of pregnant women about preparation for childbirth and is widely developed and continued to classes for mothers under five. Classes for pregnant women have been proven to increase knowledge and attitudes of pregnant women about preparation for childbirth, for that it is hoped that the puskesmas will continue to carry out classes for pregnant women as routine activities such as posyandu activities and directing these activities to be independent from the community. Monitoring and evaluation of class activities for pregnant women is carried out because so far there has been no accurate recording and reporting.

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