



Relationship between Knowledge Level of Pregnant Women About Ante Natal Care (ANC) with Compliance with the Ante Natal Care (ANC) Schedule at the Nusawungu II Community Health Center in 2024

Karningish^{1)*}, Alfi Noviyana²⁾

^{1,2,3)} Faculty of Health Sciences, Muhammadiyah University Purwokerto

*Email: karningsihpakis@gmail.com

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ABSTRACT

Survey Data Kesehatan Indonesia (SDKI) on 2017, results show that the MMR is 305/100,000 live births. In Central Java, in 2022 it will be 41/100,000 live births in Cilacap district in 2023 11 Maternal Deaths Analyzing the relationship between pregnant women's knowledge about ANC and ANC schedule compliance. This research is quantitative. The research design used is a cross-sectional study. The population was TM III pregnant women in the Nusawungu 2 health center area. The research sample was 60 pregnant women with a gestational age of more than 36 week. Research analysis was carried out univariate and bivariate using Spearman rank. The Spearman's rank test obtained a p-value of 0.00 (< 0.05), which means that there is a relationship between the level of knowledge of pregnant women about ANC and compliance with the ANC schedule with a sufficient correlation coefficient (strength of relationship), namely 0.466. Pregnant women are expected to continue to increase their knowledge about pregnancy. Midwives should continue to improve their knowledge, and skills in assessing and providing care according to needs. The Nusawungu 2 health service and community health center should increase efforts to disseminate health information, process available data as basic data for policy making by involving cross-program roles and related cross-sectors.

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INTRODUCTION

Based on the 2017 Indonesian Demography and Health Survey (SDKI) results, there were around 305/100,000 live births or around 14,623 cases. The death rate in Central Java in 2022 will be around 100.41/per 100,000 live births or around 386 cases spread across 35 regional districts. Hypertension disorders account for the highest incidence of AKI at 34.6%, followed by bleeding at 22.5%, heart and blood vessel disorders at 2.25%, infection at 5.8%, Covid-19 at 4.1% immunity 0.4% and others around 23.5%. Meanwhile, in the Cilacap district there were 14 maternal deaths recorded, 4 cases occurring during pregnancy, 2 cases during childbirth and 8 cases occurring during the postpartum period (Dinkes Jateng, 2022). In 2023 there will be 11 maternal deaths and in 2022 at the Nusawungu II Public Health Center there were 2 maternal deaths caused by PEB and eclampsia, 1 mother died during the

postpartum period and 1 mother died during childbirth. Meanwhile, in 2023 there was 1 maternal death that occurred during the postpartum period with a diagnosis of Ogilvi's syndrome.

Apart from assessing the success of maternal health efforts, MMR is also used to measure the level of community health, which is most sensitive to improving health services both in terms of access and quality. The still high MMR in Indonesia is a basic problem that must receive priority for handling (Rahmawati, 2019)

Efforts to accelerate the reduction of MMR are carried out by ensuring that every mother is able to access quality maternal health services, including pregnancy screening services. Health services during pregnancy aim to fulfill the rights of every pregnant mother to quality health services so as to guarantee a healthy pregnancy, a safe birth, and the birth of a healthy baby. Healthy and quality ANC service coverage can be seen through K1 achievements, and quality through K4 and K6 achievements.

The achievement of K6 at the Nusawungu 2 community health center in the last 2 years has not yet reached the target (100%). In 2022 it will be 84.83%, while in 2023 it will be 87.52%. From the results of the program analysis, it was found that several things caused the K6 target not to be achieved, including K1 access (K1 visits that were more than 12 mg), abortions, adult deliveries and ANC visits that were not yet in line with expectations schedule.

The impact of pregnant women not having appropriate ANC can, among other things, result in delays in screening of risk factors and identification of risks, resulting in delays in treating certain problems which are very likely to become serious problems or even serious problems death of mother and fetus.

The results of previous research conducted by (Koehtae, 2015) concluded that the level of knowledge influences a person's behavior. The results of research conducted by (Nisma, et al, 2021) with the title Facts Related to the Utilization of Antenatal Services by Pregnant Women in the Work Area of Tempurejo Public Health Center, Jember Regency show that peiñge Knowledge has a relationship with the utilization of antenatal services. This research is in line with Rita's research (2018), there is a significant relationship between knowledge and compliance with ANC visits. The results of statistical tests show that the better the knowledge of pregnant women, the higher the likelihood of them being obedient to ante-natal care visits at the Koita Kutacane Community Health Center. And at the Nusawungu II Public Health Center itself, research has never been conducted in the last 10 years regarding the factors related to pregnant women's compliance with ANC.

METHOD

This research is quantitative. Quantitative research is research that starts from collecting data, interpreting it, and displaying the results using numbers (Sugiyono, 2016). The methodology used in this research is a survey methodology, with a type of correlational study.

The research design used is Cross Sectional study, which is a type of research that reduces the time for measuring or observing independent and dependent variable data only once (Ambarwati, 2023) The population in this research is 3rd-trimester pregnant women who are the target of the KIA program in the Nusawungu II Public Health Center area in 2024.

This research is quantitative. The research design used is a cross-sectional study. The population was TM III pregnant women in the Nusawungu 2 health center area. The research sample was 60 pregnant women with a gestational age of more than 36 mg. Research analysis was carried out univariate and bivariate using Spearman rank. This analysis was carried out to determine the relationship between two variables, namely knowledge about antenatal care and compliance with the antenatal care visit schedule, where the independent variable is non-parametric data, which has an ordinal scale and the dependent variable is an ordinal scale.

RESULT

- 1) Characteristics of the age characteristics of pregnant women in the Nusawungu Public Health Center Work Area 2, Cilacap Regency

Table 1 Frequency distribution of age characteristics of pregnant women in the working area of Nusawungu Public Health Center 2, Cilacap Regency

Age	Frekuensi (f)	Percent (%)
1. Age < 20 Year	1	1,67
2. Age 20-35 Year	45	75,00
3. > 35 year	14	23,33
Total	60	100

Table 1 shows that most of the respondents aged 20 – 35 years are 45 respondents(75%), and those aged < 20 years are 1 respondent (1.67%) while those aged > 35 years are 14 respondents (23.33%).

- 2) Description of the education of pregnant women in the Nusawungu Public Health Center Work Area 2, Cilacap Regency

Table 2 of Frequency Distribution of Pregnancy Education in the working area of Nusawungu 2 Community Health Center, Cilacap Regency

Education	Frekuensi (f)	Percent (%)
1. Elementary School	6	10,00
2. SLTP	30	50,00
3. SLTA	19	31,67
4. Collage	5	8,33
Total	60	100

Table 4.2 shows that the majority of respondents had a junior high school education, 30 respondents (50.00%), and 19 respondents (31.67%) had a high school education, 6 respondents (10.00%) had an elementary school education and 5 respondents (8.33%) Collage.

3) Description of the work of pregnant women in the Nusawungu Public Health Center Work Area, Cilacap Regency

Table 3 Frequency distribution of employment of pregnant women in the work area of Nusawungu Community Center 2 Cilacap Regency

Work	Frekuensi (f)	Percent (%)
1. Does't work	31	51,67
2. entrepreneur	13	21,67
3. Farmer	6	10,00
4. And others	10	16,67
Total	60	100

Table 3 shows that most of the income did not work, namely 31 income (51.67%), as entrepreneurs 13 income (21.67%), as farmers 6 income (10.00%) and others 10 respondents (16.67%).

4) Description of JKN ownership of pregnant women in the Nusawungu Community Health Center Work Area 2, Cilacap Regency

Table 4 Frequency Description of JKN ownership of pregnant women in the Nusawungu Community Health Center Work Area 2, Cilacap Regency

JKN Ownership	Frekuensi (f)	Percent (%)
1. Own	54	90
2. Don't Own	6	10
Total	60	100

Table 4 shows that the majority of respondents have JKN, namely 54 respondents (90.00%), and 6 respondents (10.00%) do not have JKN.

5) Description of the gravida of pregnant women in the Nusawungu Public Health Center Work Area 2, Cilacap Regency

Table 1 Distribution of the frequency of gravida of pregnant women in the work area of the Nusawungu Community Health Center 2, Cilacap Regency

Paritii	Frekuensi (f)	Percent (%)
1. Primigravida 1	25	41,67
2. multigravida 2-4	33	55,00
3. Grandeimultigravida >4	2	3,33
Total	60	100

Table 5 shows that the majority of respondents are multigravida pregnant 2-4 as many as 33 respondent (55.00%), and 25 respondents (41.67.00%) are primigravida and 2 respondent (3.33%) is grandeimultigravida (pregnant >4)

- 6) Distribution of pregnant women based on knowledge of pregnant women regarding ANC in the Nusawungu II Region, Cilacap Regency

Table 2 Frequency distribution of pregnant women based on knowledge of pregnant women about ANC in the Nusawungu II Region, Cilacap Regency

Level of knowledge of pregnant women about ANC	Frekuensi (f)	Percent (%)
1. Tall	55	91,67%
2. Enough	3	5 %
3. Low	1	1,67%
Total	59	100

Table 6 shows that for the variable knowledge of pregnant women (5%) and knowledge of pregnant women less than 1 (1.67%).

- 7) Distribution of pregnant women based on ANC Schedule Compliance in Nusawungu Region 2 Cilacap Regency.

Tabel 7 Frequency distribution of pregnant women based on ANC Schedule Compliance in the Nusawungu 2 Region, Cilacap Regency

ANC Schedule Compliance	Frekuensi (f)	Percent (%)
1. Obey	41	68,33%
2. Don't Obey	19	31,67 %
Total	100	100

Table 7 shows that for the variable compliance of pregnant women with the ANC schedule, 41 pregnant women (68.33%) complied and 19 pregnant women (31.67%) did not comply.

- 8) Relationship between the level of knowledge of pregnant women about ANC and compliance with the ANC schedule at the Nusawungu II health center in Cilacap district

Tabel 8 Dummy table of pregnant women's knowledge about ANC and adherence to ANC schedules at Nusawungu 2 public health center, Cilacap district

Variable	Compliance				Total		P value	r
	Don't Compliance		Compliance					
	F	%	F	%	F	%		
Not Enough	1	1.7	0	0	1	1.7	0.001	0.466
Enough	4	6.7	0	0	4	6.7		
Good	14	23.3	41	68.3	55	91.7		
Total	19	31.7	41	68.3	60	100		

Table 8 shows that the results of the Spearman's rank test obtained a p value of 0.00 (< 0.05), which means that there is a relationship between the level of knowledge of pregnant women about ANC and compliance with the ANC schedule with a sufficient correlation coefficient (strength of relationship), namely 0.466. With these results it can be concluded that H_A is accepted and H_0 is rejected. The direction of the relationship between these two variables is positive

DISCUSSION

1) *The Relationship Between Pregnant Women's Knowledge About ANC And Adherence To The ANC Schedule.*

Based on the Spearman rank test carried out, it was concluded that there was a significant relationship between the level of knowledge of pregnant women and compliance with the ANC schedule with a medium-strength relationship. The results of this research are in line with (Niken Julita Sari, 2021) with the title *The Relationship between Mother's Knowledge and Husband's Support and ANC Compliance during the Covid 19 Pandemic in the Working Area of the Sidomulyo Health Center, Bengkulu City in 2021*. It is known that there is a relationship between Mother's Knowledge and Husband's Support and ANC Compliance with Value ($p=0.00$) for the knowledge variable and ($p=0.021$) for the support variable. This means that the higher the pregnant mother's knowledge and support from her husband, the more obedient the pregnant mother will be to ANC during the Covid-19 pandemic. Knowledge is one of the things that needs to be paid attention to, especially in preventing the spread of the virus. The knowledge possessed by a person will influence decision-making.

This study is also in line with the study conducted by (Wiratmo, 2021) entitled "Factors that influence Antenatal visits to antenatal behavior" with the results of the Spearman's rho test with a p-value of 0.00 for the maternal knowledge factor with a value of $r = 0.409$ which can be concluded that there is a significant relationship between the knowledge of pregnant women and antenatal attitudes with sufficient relationship strength. Knowledge has a very close relationship with individual behavior because knowledge is one of the measures or indicators of health behavior. Apart from the mother's knowledge, other factors influence antenatal behavior include maternal age, education, employment, income and husband's support.

Research conducted by (Asmin, 2022) also provides an explanation that is in line with research conducted by the author. Research with the title "The Relationship between the Level of Knowledge and Attitudes of Pregnant Women and Compliance with Antenatal Care Visits at the Rijali Community Health Center in 2021" The results of this research are that there is a significant relationship between the level of knowledge and Compliance with ANC Visits with a p-value of 0.007. Knowledge is an important thing that must be considered to prevent the transmission of the virus. This knowledge will influence a person in determining and making decisions regarding a problem they are facing.

The results of this research are also by the theory presented by Lawrence Green (1980) that a person's behavior is determined by 3 factors, namely

a) Predisposing factor

Predisposing factors are factors that form the basis of a person's motivation or intention to do something. Driving factors include knowledge, attitudes, beliefs, beliefs, values and perceptions, traditions, and other elements found in individuals and society that are related to health (Heri, 2009).

b) Enabling factor

Enabling factors are factors that enable or facilitate behavior or actions. Enabling factors include facilities and infrastructure or health facilities or facilities. To behave healthily, people need supporting facilities and infrastructure

c) Reinforcing factor

Reinforcing factors are factors that strengthen a person's behavior due to the attitude of their husband, parents, community leaders or health workers.

Knowledge as a motivating factor (predisposing) plays a quite important role in determining a person's attitude, in this case the attitude to comply with ANC according to the standards/schedule that has been set. A person's knowledge is influenced by education, age, experience, work and the environment. . Knowledge about ANC can be obtained in various ways, both through formal activities such as classes for pregnant women, health education and informal methods which can be obtained through social media and others.

Based on the Dummy table, the relationship between pregnant women's knowledge and ANC compliance can be seen that there are 14 pregnant women who have good knowledge but are not compliant in carrying out ANC. This is because a person's attitude or behavior is not only determined by knowledge factors alone. Other factors that can influence include husband or family support, family income and beliefs. Some pregnant women do not comply with ANC because there is no one to accompany them. In this case, husband and family support also plays an important role. This shows the importance of further increasing efforts in screening pregnant women to carry out ANC, not only through health facilities but also through visits House.

CONCLUSION

Based on the results of the analysis and discussion of "The Relationship between Pregnant Women's Knowledge About ANC and Compliance with ANC Schedules at the Nusawungu 2 Health Center, Cilacap Regency", the following conclusions can be drawn:

- 1) Most of the respondents aged 20 – 35 years were 45 respondents (75.00%), had a secondary school education (50%), were not working (51.67%), were multi-gravida (55%) and 90% were active JKN participants
- 2) Most respondents had a good level of knowledge about ANC, namely 46 pregnant women (76.67%)
- 3) A total of 41 pregnant women (68.33%) have carried out ANC according to the standards that have been set. This is quite good but not yet in accordance with the target set by the government for Minimum Service Standards in the health sector, namely 100%
- 4) There is a relationship between pregnant women's knowledge about ANC and adherence to ANC schedules with a p value of 0.00 (< 0.05) with sufficient strength of the relationship ($r = 0.466$) and the direction of the relationship is positive

RECOMMENDATION

It is hoped that pregnant women will continue to increase their knowledge about pregnancy, which can be obtained either through classes for pregnant women, studying MCH books or reliable social media. Apart from that, pregnant women should also be more obedient in carrying out ANC according to the standards or schedule determined by competent health personnel.

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