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Antenatal Care Counseling for Pregnant Women as an Effort to Prevent Stunting

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ABSTRACT

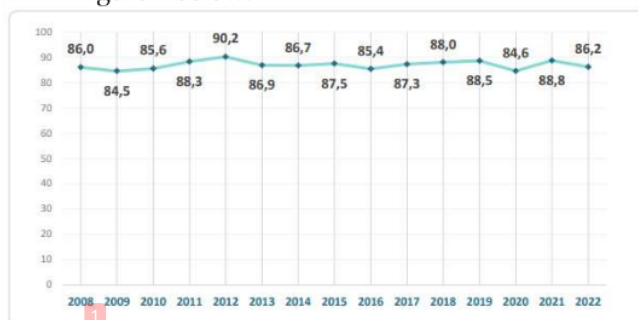
Antenatal Care aims to prepare the mother and child as well as possible, both and psychologically, as well as to protect them throughout their pregnancies, deliveries, and the postpartum period so that the condition of the mother and child at birth is physically and mentally healthy and normal. The high maternal mortality rate, including during childbirth, is a driving force for the need to provide education or counseling regarding Antenatal Care to pregnant women. With 41 pregnant women from four villages in Jatigede District, Sumedang Regency, West Java, as participants, this community service method employs an educational approach through counseling. Experts in their respective fields serve as resource people in the counseling process. The post-test results were consistent with the counseling's findings, which demonstrated a substantial increase in participants' knowledge.

INTRODUCTION

Antenatal care refers to the medical attention provided to expectant mothers prior to delivery. This type of care has a positive effect on both the mother and the unborn child and includes activities like fostering trust, identifying potentially life-threatening conditions, educating the expectant mother, and preparing for delivery. health (Republic of Indonesian Ministry of Health, 2018). The goal of ANC is to save the mother and child during pregnancy, childbirth, and the postpartum period, as well as to prepare them as much as possible on the physical and mental fronts, ensuring that they are in normal and healthy condition upon birth (Harfiani et al., 2019). Antenatal or pregnant health services must be provided at least six times per year. Pregnant women undergo health examinations at least once in the first trimester (0–12 weeks), twice in the second trimester (>12 weeks–24 weeks), and three times in the third trimester (>24 weeks until delivery). They also have at least two doctor checkups during the first trimester at the first visit and at the fifth visit in the third trimester. The Ministry of Health of the Republic of Indonesia (2023) recommends this service time standard to protect expectant mothers and fetuses by preventing and treating pregnancy complications early on and detecting risk factors.v

Examining K4 and K6 coverage can help evaluate how well prenatal health services are being implemented. In comparison to the target number of pregnant women in one work area within a year, K4 coverage measures the proportion of expectant mothers who have received standard antenatal care at least four times in each trimester in accordance with the recommended schedule (Wiratmo P.A., et al, 2020). K6 coverage measures the percentage of expectant mothers who have received antenatal care in accordance with the standard of at least six examinations and a minimum of two doctor's examinations in accordance with the recommended schedule in each semester, as opposed to the target number of pregnant women in one work area within a year. This metric displays pregnant women's access to healthcare services as well as their degree of compliance with having their pregnancies checked by medical professionals.

According to information released by the The Ministry of Health of the Republic of Indonesia's Directorate General of P2P provided information on the availability of healthcare services for expectant mothers in the 2022 Indonesian Health Profile report in 2023 from 2008-2022 was very fluctuating as shown in graphical form in Figure 1 below:



Source: Directorate General of Public Health, Indonesian Ministry of Health, 2023

Figure 1. Coverage of Health Services for Pregnant Women

1 The coverage of health services for pregnant K4 women seems to vary between 2008 and 2022. The K4 percentage is projected to be 86.2% in 2022, a decline from the year before. Pregnant women's reluctance to visit community health centers or other healthcare facilities out of fear of contracting the virus, the lack of prenatal classes, and The lack of Personal Protective Equipment (PPE) and staff readiness within the services may contribute to the decrease in K4 coverage in 2022. Adaptation to the COVID-19 pandemic situation will likely play a role in this as well.

Until now, there are still pregnant individuals who skip their Antenatal Care appointments during their pregnancy. Mothers who rarely make ANC visits during their pregnancy have a higher risk of LBW (low birth weight babies) than pregnant women who regularly make ANC visits during their pregnancy. There is also the impact of not carrying out ANC examinations on pregnant women which can lead to undetected danger signs in pregnancy such as bleeding during labor, undetected premature birth, pelvic deformities, or spinal abnormalities (Dewanggayastuti, 2022). National health services for pregnant women (K4) in 2022 will be 86.2%, almost reaching the RPJMN target of 90%. Nine provinces have reached the 90% RPJMN is the target. West Java has the highest provincial percentage, 95.6%, but it only has 78.7% for K6 services, so it is still necessary to raise public and stakeholder awareness when putting this service program into action (Directorate General of P2P Ministry of Health of the Republic of Indonesia, 2023)

The primary measure of program effectiveness for maternal health is the Maternal Mortality Rate (MMR). All deaths during pregnancy, childbirth, and the postpartum period that are caused by management and not by other factors like mishaps or incidents are referred to as maternal deaths. MMR represents all deaths falling into this category per 100,000 live births. The total number of maternal fatalities gathered from nutrition and maternal and child records Health programs at the Ministry of Health tends to increase every year, but will decrease in 2022. The number of deaths in 2022 shows 3,572 deaths in Indonesia, a decrease compared to 2021 of 7,389 deaths. The most common causes of maternal death in 2022 are hypertension in pregnancy with 801 cases, bleeding with 741 cases, heart disease with 232 cases, and other causes with 1,504 cases.

Based on the background above, there is still a great need for synergy between various parties in dealing with health problems in Indonesia, specifically related to mothers and children. Increasing awareness of all stakeholders regarding the greater importance of prevention rather than treatment has become a necessity. In order to address pregnant women in various villages in Jatigede District, Sumedang Regency, West Java, the FK UKI PkM Team chose the theme of the Importance of Antenatal Care for this PkM activity.

Activity Objectives

4 The purpose of this activity is to raise public awareness of the value of antenatal care, particularly among pregnant women.

Benefits of Activities

1. Increase pregnant women's knowledge of the benefits of Antenatal Care
2. Increase awareness of pregnant women to prioritize the implementation of Antenatal Care visits

IMPLEMENTATION AND METHODS

The process of carrying out this activity is counseling, which has multiple phases. These are the stages of the activity:

1. Preparation Stage

The activity begins by submitting a permit to carry out the activity to the village head of Percut Sei Tuan. After obtaining permission, prepare health education locations and distribute invitations to pregnant women in Jatigede District, Sumedang to attend health education activities assisted by Health cadres.

2. Implementation Stage

Extension activities will be carried out in November 2023 at the Village Meeting Hall in Jatigede District, Sumedang. This activity was attended by 41 pregnant women from the first trimester to the third trimester from four villages in Jatigede District, namely Ciranggem Village, Cipicung Village, Cisampih Village and Cijeungjing Village. Starting with a pretest which all participants must complete. The pretest is a questionnaire about ANC visits during pregnancy.

After carrying out the pretest, it was continued by providing health education about the importance of ANC visits for pregnant women. This activity began by distributing leaflets to all participants, presenting material using PowerPoint (PPT) which was displayed using a projector, containing the meaning, benefits and objectives of prenatal examinations for pregnant women from Trimester I to Trimester III. After delivering the material, there was a discussion and question and answer session on the material that had been presented.

3. The final stage is conducting a posttest by giving questionnaires to participants. This stage was carried out to determine the extent of the participants' knowledge by comparing the results before and after being given counseling as an evaluation of the effectiveness of the activity.

4. Additional activities that are by standard antenatal care services carried out for pregnant women include measuring body weight and height, blood pressure circumference, nutritional status values (by measuring LILA), examination of the top of the uterus (uterine fundus height), examination of fetal presentation and DJJ, as well as talk meetings in the form of Integrated ANC counseling and problems experienced by pregnant women during pregnancy.

RESULTS AND DISCUSSION

Counseling about Antenatal Care was carried out to 41 pregnant women from four villages in Jatigede District (Ciranggem Village, Cicipung Village, Cisampih Village and Cijeungjing Village). The implementation of counseling from the preparation stage to the evaluation stage generally went very well. The enthusiasm of residents, especially pregnant women, was visible during the outreach, where there were discussions between resource persons and participants. As an extension of the partnership between UKI and the Sumedang District Government – where Sumedang District is an area specifically supported by the UKI Medical Faculty in handling and preventing stunting – the regional government, in particular the Sumedang District Health Service, supports the presence of the UKI FK PkM team in carrying out community empowerment activities (Documentary evidence of activities as in Figure 2 below):



Figure 2. Documentation of Antenatal Care Extension Activities

The following is a description of the results of the implementation of counseling related to Antenatal Care in Jatigede District, Sumedang:

a. Results of Evaluation of Preparation Stage Achievement

Table 1. Achievements of the Preparation Stage

No	Type of Activity	Achievement	
		Implemented	Not Implemented
1	Survey the location of the activity	100%	-
2	Management of permits and administration	100%	-
3	Preparation of outreach materials	100%	-

Table 1 above displays the findings from the assessment of the preparation stage's accomplishment. This table indicates that every task completed during the preparatory phase was completed successfully. Naturally, this depends on the internal team's excellent collaboration as well as outside assistance, particularly from the regional government of the Jatigede District, namely the four communities of Ciranggem Village, Cipicung Village, Cisampih Village, and Cijeungjing Village. The Sumedang Regional Government's and the community's growing willingness and openness made it easier for the FK UKI PkM Team to conduct empowerment initiatives in the target villages.

b. Evaluation of Increased Knowledge Post Counseling

The distribution of pre- and post-questionnaires allowed for the evaluation of the participants' increased knowledge following the counseling. The following

Table 2 displays the outcomes of the data processing: **Table 2. Evaluation Results of Increasing Participants' Knowledge**

Indicator	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
Knowledge				
Good	7	17,1%	34	83%
Enough	20	48,8%	7	17%
Not enough	14	34,1%	0	0%
Mean	1,83		2,83	
Median	2,0		3,0	

Table 2 above shows the outcomes of testing 41 participants' knowledge, and they are as follows: The pre-test findings indicate that as many as 7 participants (17.1%) have good knowledge; 20 participants (48.8%) had sufficient knowledge, while the remaining 14 participants (34.1%) had insufficient knowledge. The average result of measuring students' knowledge before counseling was 1.83. The post test results showed that 34 participants (83%) had good knowledge and 7 participants (17%) had sufficient knowledge and none (0%) lacked sufficient understanding. After receiving counseling, participants' knowledge scores averaged 2.83. There were notable shifts in the participants' (pregnant women's) knowledge of antenatal care, according to the measurement results. There are noticeable differences between the averages before and after the counseling. The success rate of achieving the extension goals is 83%. The number of participants increased knowledge about Antenatal Care (ANC) Visits. So that mothers understand and know when is the correct time for an Antenatal Care (ANC) Visit. The achievement of the planned material targets can be said to be good. All training materials can be delivered by the service team with sufficient time. The material that has been presented is about Antenatal Care (ANC) visits. One could say that the participants have a good grasp of the subject. Using lectures and demonstrations to deliver the content helps participants become proficient with it presented by the community service team. Overall, the outreach activities regarding Antenatal Care (ANC) to 41 pregnant women from four villages in Jatigede District, Sumedang in 2023 can be said to be good and successful.

CONCLUSIONS AND RECOMMENDATIONS

The implementation of counseling about Antenatal Care to 41 pregnant women from four villages (Ciranggem Village, Cipicung Village, Cisampih Village and Cijeungjing Village), Jatigede District, Sumedang Regency went well and had a positive impact, namely by significantly increasing participants' knowledge about Antenatal Care. The findings of the questionnaires that participants filled out before and after the test demonstrate this. Of the 41 participants, 34 (82%) had knowledge in the "good" category at the time of the post-test, compared to only 7 (17.1%) at the pre-test. Similarly, there were 7 (17%) at the post-test and 20 (48.8%) at the pre-test who had knowledge in the "sufficient" category.

2 ACKNOWLEDGMENT

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