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Description of Knowledge Attitude and Behavior of Pregnant Mothers about Antenatal Care

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ABSTRACT

Antenatal care as a service for pregnant women is considered very important in improving the health of mothers and babies. The purpose of this research is to determine the prevalence of the description of knowledge, attitudes, and behavior of pregnant women towards Antenatal Care in a health center in East Jakarta using a descriptive survey approach design. Data was collected using a questionnaire containing 44 questions regarding pregnant women's knowledge, attitudes, and behavior towards Antenatal Care from June to July 2019 at the Duren Sawit Health Center. The result was that 53 out of 80 mothers had good knowledge (66.25%), 52 out of 80 mothers had positive attitudes (65%), and 48 out of 80 mothers had good behavior (60%). Then, it is concluded that the pregnant woman needs to improve their knowledge about antenatal care, they are able to respond and receive well regarding Antenatal Care, and they have been able to carry out correctly according to the rules regarding Antenatal Care.

Keywords: Antenatal Care, knowledge, attitude, behavior

INTRODUCTION

Puskesmas as public health services are responsible for carrying out public health efforts, which in the national system are the first level of health services. First-level health services are grouped into Compulsory Health Services and Development Health Services. One of the Mandatory Health Services is Antenatal Care and Family Planning.

Antenatal care is a health service provided by health workers for mothers during pregnancy and carried out according to the standards set out in the Midwifery Service Standards [1; 2; 3]. Based on data released by Riskesdas in 2013 that 83.5 percent of births received first-level Antenatal Care services with a minimum of 4 visits during pregnancy. As for the first pregnancy check-up in the first trimester, it was 81.6 percent, and for the 24th to 36th-week pregnancy check-up, it was 70.4 percent [4]. However, 29.6 percent of births were carried out at home or elsewhere because they did not receive Antenatal Care services.

Characteristics of births that received and did not receive Antenatal Care services were influenced by the level of knowledge and behavior of pregnant women. 53.3 percent of pregnant women who did not finish elementary school gave birth at home or elsewhere [5]. In comparison, of pregnant women who graduated from diploma to bachelor's degree, 89.4 percent gave birth in health facility.

Based on the above background, it is necessary to know how pregnant women describe knowledge, attitudes, and behavior regarding Antenatal Care. So that the formulation of the problem answered in this study is "What is the description of the knowledge, attitudes, and behavior of pregnant women regarding Antenatal Care at the Duren Sawit District Health Center?"

with the aim of the study, namely to describe the knowledge, attitudes, and behavior of pregnant women regarding Antenatal Care at the Duren Sawit District Health Center.

LITERATURE REVIEW

Antenatal care is a professional health service during pregnancy according to the elements and standards that have been set. Antenatal care is a pregnancy check provided by physical and mental health workers so that pregnant women can face childbirth, the postpartum period, preparation for breastfeeding, and then return to normal reproductive health [2]. Antenatal care is a planned program in the form of observation and education to obtain a safe and satisfying pregnancy and delivery process [6; 7].

In general, the Ministry of Health has a general goal for Antenatal Care services, namely to fulfill the right of every pregnant woman to undergo examinations to quality services so that they can undergo a healthy pregnancy, give birth safely, and give birth in a healthy manner. The objectives of Antenatal Care are, among others, to prevent, reduce, treat and manage health problems related to pregnant women and to provide appropriate information and advice to pregnant women and their families regarding healthy pregnancy, delivery, and postnatal recovery, including newborn care. Promoting exclusive breastfeeding and assisting in deciding the subsequent pregnancy improve pregnancy outcomes that are better and healthier [8].

The specific objectives of Antenatal Care include a) Providing integrated, comprehensive, and quality services to pregnant women, including health and nutrition counseling for pregnant women as well as family planning counseling and breastfeeding; b) Providing opportunities or rights for pregnant women to obtain integrated, comprehensive and quality Antenatal Care services; c) Early detection of abnormalities, diseases, and disorders experienced by pregnant women; d) Intervening on disorders, diseases, and disorders experienced by pregnant women as early as possible; e) Make case referrals to health care facilities following the existing referral system [9].

Antenatal care is care provided to pregnant women that has the benefits of facilitating a healthy pregnancy for both mother and fetus, building a trusting relationship with the mother, detecting early complications or risks that threaten the mother and fetus, to provide information or education on maternity health for pregnant women [10].

Pregnant women should visit health workers as early as possible since she feels pregnant to get Antenatal Care services. Several fundamental reasons for pregnant women to receive Antenatal Care care include [7]: a) To establish mutual trust between patients and health workers; b) Striving for the realization of the best conditions for the mother and the baby she is carrying; c) Obtain basic information about the health of the mother and fetus; d) Identify and manage high-risk pregnancies, and e) Provide necessary health education in maintaining the health of the mother and fetus [11].

Pregnant women's visits are contacts between pregnant women and health workers who provide standard Antenatal Care services to get a pregnancy check-up. The term visit here can be interpreted as pregnant women who come to health care facilities or vice versa, health workers who visit pregnant women at their homes or posyandu. The visits referred to above include:

The first visit (K1) - K1 is the first visit for pregnant women with competent health workers to get integrated and comprehensive services according to standards. The first contact should be made as early as possible in the first trimester, preferably before the eighth week.

The fourth visit (K4) - K4 is for pregnant women with four or more contacts with health workers who are competent to get integrated and comprehensive services according to standards. Contact is made in

the first trimester (pregnancy up to 12 weeks), second trimester (between 12 to 24 weeks), and at least two contacts in the third trimester are made after week 24 to week 36. Antenatal Care visits can be more than four times as needed, and if there are complaints, illnesses, or pregnancy disorders, the visit is included in the K4 category [12].

Handling of Complications (PK) - Handling of complications is the treatment of obstetric complications, infectious and non-communicable diseases, and nutritional problems that occur during pregnancy, childbirth, and the puerperium. Competent health workers provide services. Obstetric complications, diseases, and nutritional problems often occur, including bleeding, preeclampsia/eclampsia, obstructed labor, infection, abortion, malaria, syphilis, tuberculosis, hypertension, diabetes mellitus, iron deficiency anemia, and chronic lack of energy.

The first visit should be done as soon as it is known that menstruation is late and special examinations are carried out if there are inevitable complaints [13; 14]. At each visit, it is important to know important information, including a) Building a trusting relationship between health workers and pregnant women; b) Detect problems and dealing with them; c) Take preventive action; d) Starting preparations for the birth of the baby and readiness to deal with complications, and e) Encouraging healthy behavior.

The same essential information as at the first visit plus special precautions regarding preeclampsia by asking the mother about symptoms of preeclampsia, monitoring blood pressure, evaluating edema, and checking for proteinuria). The information added is abdominal palpation to determine if there are multiple pregnancies. The information added is to detect the location of the baby that is not normal or other conditions that require birth in the hospital.

Antenatal Care services provided by professional health workers to pregnant women must meet predetermined standards. The forms of services that qualified health workers must provide with established standards include [15]: weigh body weight, measure upper arm circumference, measure blood pressure, measure uterine fundal height, calculate fetal heart rate, determine fetal presentation, tetanus toxoid, give blood-added tablets (fe tablets), laboratory tests, and effective communication, information and education.

Knowledge results from knowing, which occurs after someone makes sense of certain events. Sensing can occur through the five human senses, namely the sense of hearing, the sense of smell, the sense of sight, the sense of touch, and the sense of taste. Some human knowledge can be obtained through the eyes and ears [16]. Knowledge is the essential condition of attitude, so attitude is not only a feeling that supports or does not support behavior but also involves estimating the outcome of that behavior.

Knowledge results from knowing and occurs after people sense a particular object. Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge. Knowledge is the initial stage in adopting a new behavior before forming an attitude towards the new object it faces [17].

Knowledge consists of beliefs about reality. One of the ways to obtain and check knowledge is from tradition or from the authorities in the past, which are generally known through observation or experimentation and derived utilizing traditional logic. Knowledge of cognition is essential in shaping one's actions [18]. Knowledge is divided into three categories: good, sufficient, and poor. Knowledge can be measured by interviews or questionnaires stating the material's content to be measured by the respondents [8].

The level of knowledge is divided into three domains, namely cognitive, affective and conative, which can be explained in 6 sections, among others [19]: a) Know, included in the cognitive domain: To know is a recall of a memory that has been there before after observing something. To be

able to measure that someone knows something can use questions; b) Understanding (comprehension), including in the cognitive domain: Understanding can be interpreted as someone must be able to interpret appropriately and correctly objects, not only knowing and being able to mention them but can explain why they should do it; c) Application, included in the affective domain: Application can be defined as when someone who has understood an object in question and can use or apply a general principle to other situations; d) Analysis, included in the affective domain: Analysis is someone who can explain and separate, then look for the relationship between the components contained in a problem or object that has been known; e) Synthesis, included in the conative domain: Synthesis is someone who can put a logical relationship from a component of knowledge that he already has or can be interpreted as the ability to compile new formulations from previously existing formulations or can also be interpreted as someone who can summarize; and a) Evaluation, included in the conative domain: Evaluation is someone who can carry out a justification or assessment of a particular object. For example, a mother can judge someone who suffers from malnutrition or not, and so on.

Knowledge factors include education, age, environment, employment, mass media/information, and experience [20]. Attitude is a general evaluation humans make of themselves, other people, objects, or issues. Attitude is a person's reaction or response to a stimulus or object [21]. Attitudes are views or feelings accompanied by a tendency to act according to the object's attitude.

Attitude structure consists of 3 components that support each other: Cognitive, affective, and conative. Attitudes consist of various levels, namely: receiving, responding, valuing, and responsible. Attitudes can also be positive and can also be damaging. Positive attitudes tend to act towards approaching, liking, and expecting particular objects, while negative attitudes tend to stay away from, avoid, hate, or dislike particular objects.

One aspect that is very important in understanding human attitudes and behavior is the issue of assessment or measurement of attitudes. It shows several characteristics of attitudes, namely [22]: attitudes have direction, attitudes have intensity, attitudes have breadth, and attitudes have consistency.

Behavior and behavioral symptoms that appear in the activities of these organisms are influenced by both heredity and environmental factors. In general, it can be said that genetic and environmental factors are determinants of the behavior of living things, including humans. Hereditary factors are the basic conception or capital for developing other human behavior. At the same time, the environment is a condition or land for the development of behavior. The learning process is a meeting mechanism between the two factors to form the behavior [23].

The components of health behavior are divided into educational areas, although these areas do not have clear and firm boundaries. The division of this area is done for educational purposes. In subsequent developments by educational experts and to measure educational outcomes, these three domains are measured from cognitive behavior, attitudes, and practice.

The behavior formation procedure is [16]: Identifying things that are reinforcements in the form of rewards for the behavior to be formed; b) Conduct analysis to identify the minor components that make up the desired behavior; c) Doing in sequence the components as a temporary jail, and d) Conduct behavior formation by using the sequence of components that have been arranged [8].

There are two types of responses described in Skinner's theory: Instrumental Response or Operant Response and Reflexive or Respondent Response. Behavior can be divided into two, namely closed behavior and open behavior, when viewed from the

form of response to the stimulus. Closed behavior is the limited response of a person to a stimulus regarding the perception, attention, knowledge/awareness, and attitude of a person who receives the stimulus and cannot be observed by others. Open behavior is a person's response to a clear stimulus in practice or action and is easier to observe [8]. Behavioral factors and non-behavioral factors influence factors that influence the behavior of using health services. The behavior is formed from three factors, namely [24]: predisposing, reinforcing, and enabling.

Health behavior is a person's response to stimuli related to illness and disease, health care systems, food, and the environment. Health behavior includes a) a person's behavior towards illness and disease; b) behavior towards the health care system, behavior towards food, and behavior towards the health environment. Changes in behavior in a person can be known through perception. Perception is an experience that is produced through the five senses. Learning is a behavior change based on previous behavior [25]. Internal factors include knowledge, intelligence, perception, emotion, and motivation, which process external stimuli. At the same time, external factors include the surrounding environment, both physical and non-physical such as climate, humans, socioeconomic, and culture [8]. Behavior formation can occur due to the maturation process and interaction with the environment.

RESEARCH METHOD

The research design used in this study was a descriptive survey approach. Descriptive research is conducted to picture a situation [8] objectively. It follows the aim of the study to describe pregnant women's knowledge, attitudes, and behavior regarding Antenatal Care at the Duren Sawit District Health Center. This research was conducted in the District Health Center of Duren Sawit, East Jakarta. The time study was carried out from June – to July 2019.

The population is the entire subject to be studied. The population is formulated as a finite population (limited) and an infinite population (unlimited). The population observed in this study were all pregnant women who were in the Dure Sawit District Health Center, East Jakarta. The selected sample was taken by non-probably sampling with purposive sampling, a technique for determining the sample with specific considerations. The sample in this study were pregnant women at the Duren Sawit District Health Center, East Jakarta. The data obtained from this study are primary, namely research data obtained directly from sources. The primary data of this research is by distributing questionnaires and direct interviews with the respondents. The data obtained from the data collection process will be converted into tabular form and processed in a statistical program. The process of data processing using a computer consists of several steps, including editing, coding, data entry, and tabulation. The data analysis will be carried out as a univariate data analysis with a statistical database program.

RESULT AND DISCUSSION

The distribution of respondents' characteristics by age can be seen in the following table.

Table 1. Distribution of Characteristics of Respondents by Age

Age	Frequency	%
20-24 years old	31	38.75%
25-29 years old	34	42.5%
30-34 years old	14	17.5%
35-40 years old	1	1.25%
Total	80	100%

In the table above, the majority of respondents aged 25 to 29 are 34 people (42.5%), and respondents aged 35-40 are one person (1.25%). The distribution of respondents' characteristics based on education can be seen in the following table.

Table 2. Distribution of Respondents' Characteristics Based on Education

Education	Frequency	%
Bachelor	23	28.75%
Diploma	19	23.75%
Senior High School	38	47.5%
Total	80	100%

The table shows that most respondents have a high school education, as many as 38 people (47.5%), and respondents with a diploma education as many as 19 people (23.75%). From the results of the questionnaires obtained and the tabulation results in general, the results of the variables studied were as follows.

Knowledge of respondents was grouped into 2, namely good and poor. The good category is given to the group of respondents with above-average scores, while the less category is the group of respondents with below-average scores.

Table 3. Distribution of Respondents' Characteristics Based on Knowledge

Knowledge	Frequency	%
Good	53	66.25%
Poor	27	33.75%
Total	80	100%

From the table above, 27 respondents (33.75%) have insufficient knowledge, and 53 (66.25%) have high knowledge.

The attitudes of respondents are grouped into 2, namely Positive and Negative. The positive category is if the respondent scores above the average questionnaire and the negative is if the respondent has an attitude value below the average questionnaire.

Table 4. Distribution of Respondents' Characteristics Based on Attitudes

Attitude	Frequency	%
Positive	52	65%
Negative	28	35%
Total	80	100%

From the table above, it was found that 52 respondents (65%). Those who have a negative attitude are 28 respondents (35%).

The respondent's behavior is grouped into 2, namely good and poor. Good category if the respondent has a score above the average questionnaire and bad if the respondent has a behavior score below the questionnaire average.

Table 5. Distribution of Respondents' Characteristics Based on Behavior

Behavior	Frequency	%
Good	48	60%
Poor	32	40%
Total	80	100%

From the table above, it was found that 48 respondents (60%). There were 32 respondents (40%). The tabulation results can be seen in appendix 2.

In this section, the results of individual respondents include the three interdependent variables.

Table 6. Distribution of Respondents' Characteristics Based on Knowledge and Attitudes

Knowledge	Attitude	Number of Respondents
High	Positive	35 (43,75%)
	Negative	18 (22,5%)
Low	Positive	17 (21,25%)
	Negative	10 (12,5%)

From the table above, it is found that most respondents have high knowledge and positive attitude, as many as 35 respondents (43.75%), and have insufficient knowledge and negative attitude, as many as ten respondents (12.5%).

Table 7. Distribution of Respondents' Characteristics Based on Knowledge and Behavior

Knowledge	Behavior	Number of Respondents
High	Good	33 (41,25%)
	Poor	20 (25%)
Low	Good	15 (18,75%)
	Poor	12 (15%)

From the table above, it is found that the majority of respondents have high knowledge and good behavior, as many as 33 respondents (41.25%), and have insufficient knowledge and bad behavior, as many as 12 respondents (15%).

Table 8. Distribution of respondent characteristics based on attitudes and behavior

Attitude	Behavior	Number of Respondents
Positive	Good	34 (42,5%)
	Poor	18 (22,25%)
Negative	Good	14 (17,5%)
	Poor	11 (13,75%)

From the table above, it is found that most respondents have positive attitudes and behave well as many as 34 respondents (42.5%), and have negative attitudes and bad behavior, as many as ten respondents (12.5%).

Table 9. Distribution of respondent characteristics based on knowledge, attitudes, and behavior

Knowledge	Attitude	Behavior	Number of Respondents
High	Positive	Good	25 (31,25%)
		Poor	10 (12,5%)
	Negative	Good	8 (10%)
		Poor	10 (12,5%)
Low	Positive	Good	9 (11,25%)
		Poor	8 (10%)
	Negative	Good	6 (7,5%)
		Poor	4 (5%)

From the table above, it is found that the highest number of respondents who have high knowledge, positive attitudes, and good behavior are 25 respondents (31.25%), and respondents who have insufficient knowledge, negative attitudes, and bad behavior are four respondents (5%).

From the data obtained through the questionnaire, the researcher discussed the existing problems and compared them with the theory. The discussion is carried out based on formulating the problem and research objectives.

Knowledge results from "knowing," which occurs after people perceive a particular object [26]. Sensing occurs through the five human senses, including the senses of sight, hearing, smell, taste, and touch. Most human knowledge is obtained through the eyes and ears. The respondents' knowledge in this study is the understanding, benefits, schedule of examinations, and the effect of pregnancy tests. From the results of data collection and research conducted, it can be seen that the majority of respondents are people who know well about Antenatal Care, with a total of 53 people. These results illustrate that most people around the Duren Palm Health Center know about pregnancy checks well. Respondents with a high level of knowledge tend to be regular in carrying out Antenatal Care because respondents know that by getting a pregnancy check, the condition of their pregnancy will be known, especially the fetus they are carrying. With the regularity of these examinations, the development of pregnancy and the mother's fetus condition can be monitored so that if any abnormalities or complications in pregnancy are found, they can be treated immediately. In this way, maternal and child health quality will increase, and maternal, and infant mortality rates can be reduced to a minimum.

Attitude is a mental and neural state of readiness regulated through experience that exerts a dynamic or directed influence on an individual's response to all objects and situations with which they are associated [27]. A person's attitude towards an object is a feeling of supporting or taking sides (favorable) or feeling unfavorable (unfavorable) toward the object, among the various factors that influence the formation of attitudes, including education, transportation, income, and counseling. The data collection results show that the majority of respondents, a total of 52 people, have a positive attitude toward Antenatal Care. These results illustrate that most people around the Duren Sawit Health Center also have a good attitude regarding Antenatal Care.

Behavior is a person's response or reaction to a stimulus (stimulus from outside). Thus, the behavior of the majority of respondents may be well influenced because respondents can interact with the outside environment, either with health workers or fellow pregnant women. The data collection results show that most respondents, a total of 48 people, have a positive attitude toward Antenatal Care. It illustrates that most of the population around the Duren Sawit Health Center also behaves well regarding Antenatal Care.

From the results of the description of the knowledge, attitudes, and behavior of the community around the Duren Sawit Health Center above, it can be seen that, in general, the community knows and understands Antenatal Care and its benefits, which is a positive and accepts the implementation of Antenatal Care well and conducts and carries out examinations and implementation of Antenatal Care properly. The description of the characteristics with interrelated variables are as follows:

Knowledge and Attitudes: From the results of the tabulated data above, it can be calculated that 35 respondents had high

knowledge and had a positive attitude toward Antenatal Care services. Seventeen respondents had low knowledge but had a positive attitude towards Antenatal Care services, 18 respondents had high knowledge but had a negative attitude towards Antenatal Care services, and ten respondents had inadequate knowledge and negative attitude towards Antenatal Care services. There are still many respondents who have high knowledge but still have a negative attitude, and the number of respondents who are still low in knowledge but have a positive attitude illustrates that knowledge and attitudes do not affect each other regarding Antenatal Care services but can be seen that knowledge and attitudes have a significant influence. Same with Antenatal Care.

Knowledge and Behavior: From the results of the tabulated data above, it can be calculated that 33 respondents have high knowledge and good behavior towards Antenatal Care services. Fifteen respondents have common knowledge but behave well towards Antenatal Care services, 20 have high knowledge but misbehave towards Antenatal Care services, and 12 have insufficient knowledge and poor behavior towards Antenatal Care services. From the results of the data above, it can be seen that high knowledge affects respondents' behavior regarding Antenatal Care. Nevertheless, the number of respondents who behave despite common knowledge shows that behavior does not affect knowledge too much. From the description above, it can be seen that knowledge has a more significant influence than behavior regarding Antenatal Care services.

Attitudes and Behaviors: From the results of the tabulated data above, it can be calculated that 34 respondents had positive attitudes and good behavior toward Antenatal Care services. Fourteen respondents had negative attitudes but behaved well toward Antenatal Care services, 18 had positive attitudes but misbehaved toward Antenatal Care services, and 14 had a negative attitude and bad behavior toward Antenatal Care services. From the data above, we can see that the number of respondents who still behave negatively even though they have a positive attitude illustrates that attitudes do not affect respondents' positive behavior regarding Antenatal Care. From the description above, it can also be seen that behavior has a more significant influence than attitudes regarding Antenatal Care services. [28]

Knowledge, Attitudes, and Behaviors - From the results of the overall picture above, it can be seen that knowledge, attitudes, and behavior influence each other and have almost the same influence on Antenatal Care services.

CONCLUSION

From the discussion that has been carried out, it can be concluded as follows: a) An overview of the knowledge of pregnant women already being able to know and understand, although there are still many things that need to be known in full regarding Antenatal Care at the Duren Sawit District Health Center; b) A description of the attitude of pregnant women who have been able to respond and receive well regarding Antenatal Care at the Duren Sawit District Health Center; c) A description of the behavior of pregnant women who have been able to carry out correctly according to the rules regarding Antenatal Care at the Duren Sawit District Health Center; d) The interdependent influence between knowledge, attitude, and behavior regarding Antenatal Care services; and e) The influence of the same knowledge, attitudes and behavior on the community's response to Antenatal Care services.

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