



Original Research

The Relationship Between Pregnant Women's Knowledge and Participation in Pregnant Women's Classes

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Abstract

The success of efforts to improve maternal health can be seen from the maternal mortality rate (MMR). In Indonesia itself, a program of pregnancy classes has been issued. Pregnancy classes are a place for pregnant women and families to learn together about maternal health, the aim is to improve mothers' knowledge and skills about pregnancy, childbirth, childbirth care and newborn care through the practice of using the KIA (Maternal and Child Health) book. The purpose of this study was to determine the relationship between pregnant women's knowledge and participation in pregnancy classes in Wayau Village, Tanjung District, Tabalong Regency, South Kalimantan. This study uses descriptive correlative with a cross-sectional approach. The sampling technique used total sampling of 22 pregnant women who attended the pregnancy class in Wayau village. The statistical results obtained a Chi-Square value of 0.001 (P value <0.05) which means that there is a relationship between the knowledge of pregnant women and participation in the pregnancy class in Wayau village, Tanjung District, Tabalong Regency, South Kalimantan. The conclusion is There is a relationship between the knowledge of pregnant women and participation in pregnancy classes in Wayau Village, Tanjung District, Tabalong Regency, South Kalimantan.

1. Introduction

Pregnancy is a physiological process that occurs continuously starting from ovulation, conception, nidation, development of the embryo in the uterus until term. Each process of pregnancy is a condition that requires psychological and physiological adaptation to the influence of pregnancy hormones and mechanical pressure due to the enlargement of the uterus and other tissues (Ani & Machfudloh, 2021). One element in creating national welfare is by realizing a comprehensive and detailed development program. Development programs can be carried out through various aspects, one of which is the public health development program. The public health development program aims to improve the health status of the community and increase the level of public health (Jahira Fajri Madani et al., 2022).

According to WHO (WHO, 2024), the number of maternal deaths is still very high, reaching 287,000 women died during and after pregnancy and childbirth in 2020. Then WHO explained that the IMR in 2022 ranged from 0.7 to 39.4 deaths per 1000 live births. Based on Population Census data (2020) in Indonesia, the maternal mortality rate (MMR) reached 189 per 100,000 live births and the infant mortality rate (IMR) reached 16.85 per 1,000 live births. In Indonesia, the number of maternal deaths was 4,005 in 2022 and increased to 4,129 in 2023. Meanwhile, the number of

infant deaths reached 20,882 in 2022 and increased to 29,945 in 2023. The highest cause of maternal death was hypertension in pregnancy, or called eclampsia and bleeding. Then, the highest cases of infant mortality are low birth weight (LBW) or prematurity and asphyxia (Kemenkes RI, 2024)

MMR is still a serious health problem in developing countries. Accelerating efforts to reduce MMR can be done by ensuring that every mother is able to access quality health services. Reducing maternal mortality cannot be separated from the role of community empowerment, one of which is done through the implementation of pregnancy classes. This program emphasizes community empowerment in monitoring pregnant women (Handayani et al., 2021).

Pregnant women's classes are a means to learn together about health for pregnant women, in the form of face-to-face meetings in groups that aim to improve mothers' knowledge and skills regarding pregnancy, childbirth, postpartum, postpartum family planning, prevention of complications, care of newborns and physical activity or gymnastics for pregnant women (Rofi'ah et al., 2020). The purpose of holding pregnant women's classes is to increase mothers' knowledge about maternal and child health, so that it can reduce maternal and infant mortality rates (7) .

To prevent more dangerous risks for pregnant women and their fetuses, mothers' knowledge about early detection of pregnancy complications needs to be improved. Knowledge is the result of knowing and occurs after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most human sensing is obtained through the eyes and ears. Cognitive knowledge is a very important domain in shaping a person's actions (over behavior) (Ida & Afriani, 2021)

Knowledge is an important domain in shaping a person's behavior. Behavior that is based on good knowledge will produce good behavior (Moerdjoko et al., 2021) . A person's behavior that is not based on knowledge makes it difficult to act and implement a healthy lifestyle, including meeting nutritional needs during pregnancy (Farras, 2021) . Therefore, the author wants to conduct a study entitled The Relationship between Pregnant Women's Knowledge and Participation in Pregnant Women's Classes in Wayau Village, Tanjung District, Tabalong Regency, South Kalimantan Province.

2. Research Method

This study uses descriptive correlational with a cross-sectional approach. The sampling technique uses total sampling of 22 pregnant women who attended the pregnancy class in Wayau village. The method of data collection was by means of a questionnaire given to respondents. Data analyses using SPSS V. 25 using the chi-square test with (P value <0.05).

3. Results and Discussion

Table 1. Frequency Distribution by Age

Age	Frequency	Percentage (%)
19 – 28 YLears	13	59.1
29 – 38 YLears	9	40.9
Total	22	100

According to table 1. frequency distribution Respondents based on age, of the 22 respondents, the majority of respondents were aged 19-28 years, 13 people (59.1%), and respondents aged 29-38 years, 9 people (40.9%).

Table 2. Frequency Distribution Based on Parity

Pregnancyl	Frequency	Percentage (%)
G1	4	18.2
G2	11	50
G3	5	22.7

G4	2	9.1
Total	22	100

According to table 2. frequency distribution respondents based on parity, the majority of respondents were G2 as many as 11 people (50%), G3 as many as 5 people (22.7%), G1 as many as 4 people (18.2%). And G4 as many as 2 people (9.1%).

Table 3. Frequency Distribution Based on Education

Educational	Frequency	Percentage (%)
ES	1	4.5
JHS	2	9.1
SHS	13	59.1
Bachelor	6	27.3
Total	22	100

According to table 3. frequency distribution respondents based on education, the majority of respondents have a high school education of 13 people (59.1%), respondents with a bachelor's degree of 6 people (27.3%), respondents with a junior high school education of 2 people (9.1%), and respondents with an elementary school education of 1 person (4.5%).

Table 4. Frequency Distribution Based on Occupation

Work	Frequency	Percentage (%)
Housewife	12	54.5
Private	4	18.2
Self-Employed	3	13.6
Civil Servant	3	13.6
Total	16	100

According to table 4. frequency distribution respondents based on occupation, the majority of respondents with jobs as housewives as many as 12 people (54.5%), respondents with jobs as private employees as many as 4 people (18.2%), respondents with jobs as self-employed as many as 3 people (13.6%), and respondents with jobs as civil servants as many as 3 people (13.6%).

Table 5. Crosstab of Knowledge with Participation in Pregnant Women's Classes

		Participate		Total
		Yes	No	
Knowledge	Good	6	0	9
	Enough	7	0	7
	not enough	0	9	6
Total		13	9	22

According to table 5. Crosstab of knowledge with participation in pregnancy classes, 6 respondents with good knowledge participated in pregnancy classes, 7 respondents with sufficient knowledge participated in pregnancy classes, and 9 respondents with poor knowledge did not participate in pregnancy classes.

Table 6. Chi Square Knowledge with Participation in Pregnant Women's Classes

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	22,000 ^a	2	.000
Likelihood Ratio	29,767	2	.000
Linear-by-Linear Association	16,350	1	.000
N of Valid Cases	22		

According to table 6, the results of the chi square test of the relationship between knowledge and participation in the pregnant women's class show that the results of the chi square test show a P-value of 0.00 < 0.05, which means that there is a relationship between knowledge and participation in the pregnant women's class in Waylau Village.

From the results of this study, it can be found that out of 22 respondents with good knowledge, there were 6 people (40.9%), respondents with sufficient knowledge were 7 people (31.8%), and respondents with less knowledge were 9 people (27.3%). Respondents who participated in the pregnancy class were 13 people (59.1%), and respondents who did not participate in the pregnancy class were 9 people (40.9%).

Pregnancy is the period from conception to birth of the fetus, the normal duration of pregnancy is 280 days (40 weeks / 9 months 7 days) calculated from the first trimester starting from conception to 3 months, 11 trimesters / 2nd trimester from the 4th month to 6 months, 3rd trimester from the 7th month to the 9th month (11).

Danger signs of pregnancy are actually listed in the Maternal and Child Health Book (KIA). However, the utilization of the KIA Book by pregnant women is still lacking (12). Danger signs of pregnancy are signs that indicate danger that can occur during pregnancy or the antenatal period, which if not detected can cause maternal death (Retnaningtyas et al., 2022).

Various signs of pregnancy danger include: vaginal bleeding, severe headache, vision problems, swelling of the face and hands, severe abdominal pain, reduced or absent fetal movement, fever, excessive nausea and vomiting, sudden vaginal discharge (premature rupture of amniotic fluid). These signs of pregnancy danger are listed in the Maternal and Child Health Book. Pregnant women who experience signs of pregnancy danger must immediately see the nearest health worker. If the health worker seen is a midwife, the pregnant woman will receive emergency treatment and be immediately referred to the hospital for further treatment (14).

Not all pregnant women are necessarily aware of the above problems, therefore, pregnancy classes are needed to educate pregnant women about pregnancy care such as nutrition during pregnancy and danger signs that can occur during pregnancy.

From table 1. frequency distribution respondents based on age, from 22 respondents, the majority of respondents were aged 19-28 years as many as 13 people (59.1%). Respondents with a young age currently have broad knowledge and attitudes so that they are more receptive to suggestions and input according to research conducted by (15). In pregnant women aged <27 years including young ages where mothers will play a more active role because of their curiosity to get higher information, also influenced by the brain's absorption capacity which is easier to capture at a younger age.

In table 2. frequency distribution respondents based on parity, the majority of respondents were G2 as many as 11 people (50%). Usually mothers who have a second child tend to be more careful so that mistakes that occur during pregnancy with the first child are not repeated. According to research conducted by (16) it states that mothers who have given birth to more than one child assume they are more experienced in giving birth, but they tend to take pregnancy classes to increase postpartum readiness.

According to table 3. According to table 3. frequency distribution respondents based on education, the majority of respondents have a high school education of 13 people (59.1%), the high level of education of a person will also support the speed of receiving information. (Noviana, 2018) states that people with higher education tend to be more receptive to change, and more open

to information. This openness will make it easier for mothers to find information from many media.

According to table 4. frequency distribution respondents based on occupation, the majority of respondents with the job of housewife as many as 12 people (54.5%), housewives have a lot of time to attend pregnancy classes because there is no work that requires them to be on time according to research conducted by Dewi in 2018 which stated that mothers who do not work generally have a lot of free time because most of the mother's time is spent at home to take care of her children and family. (18) Work is one of the factors that inhibits activeness in going to the integrated health post, because mothers tend to be hampered in dividing their time (19) .

The research is in line with research conducted by Melyani and Alexander which stated that there is a relationship between knowledge and participation of pregnant women in the third trimester at the Wajok Hulu Health Center, Mempawah Regency in 2019. (Melyani & Alexander, 2020)

4. Conclusion

The conclusion of this study is that there is a relationship between knowledge and maternal participation in pregnancy classes as evidenced by the P-value of $0.00 < 0.05$. Other factors that also support this are the characteristics of respondents such as age, education, parity, and maternal occupation.

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