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Level of Knowledge, Attitudes and Behavior of Pregnant Women Towards The Frequency of ANC Visits In Rangkasbitung Health Center Working Area

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Abstract

Background: Antenatal visit coverage has increased by 88.13% from the set target of 85%, reflecting improvements in maternal health indicators. While nationally meeting targets, 17 provinces, including West Papua and Papua, lag behind. Despite the increase in coverage from 2020 to 2021, disparities persist, according to Indonesian Ministry of Health data. Research Objective: Assessing pregnant women's knowledge, attitudes, and behaviors regarding antenatal care (ANC) frequency in Rangkasbitung Community Health Center. Research Methods: Employing a cross-sectional design with a sample size of 81 respondents, utilizing a sample size formula. Research Results 81.3% of respondents completed ANC visits, with 41.3% exhibiting good knowledge, 91.3% displaying positive attitudes, and 81.3% demonstrating favorable behaviors. Statistical tests revealed no significant relationship between knowledge or attitudes and ANC visit frequency. However, a significant association was found between attitudes and ANC visit frequency. Conclusion and Suggestion: While good knowledge and attitudes may suggest better ANC visit adherence, statistical tests indicate no significant relationship. Various factors such as personal experiences, cultural influences, media, education, and religious beliefs shape pregnant women's behaviors regarding ANC visits. Public health interventions should consider these multifaceted factors for effective implementation..

Introduction

UNICEF (2022) summarizes that the lowest levels of antenatal care are in Sub-Saharan Africa and South Asia. Additionally, most pregnant women access skilled antenatal care at least once, but globally, only 66% receive four antenatal care visits. Meanwhile, in areas with a high burden of disease such as West and Central Africa there is a need for faster progress in coverage of antenatal care because only around 53% of pregnant women receive four or more prenatal check-up visits. Pregnant women living in urban areas were more likely to receive at least four prenatal care visits than those living in rural areas with an urban-rural gap of 22 points (78% and 56%, respectively). Those in the richest quintile are twice as likely to receive at least four antenatal care visits as those in the poorest quintile with a wealth gap of 34 percentage points (77% and 43% respectively) (UNICEF, 2022).

Coverage of Antenatal Visits based on the performance achievements of the Directorate of Family Health (2021) has increased by 88.13% from the target set at 85%. The results of the 2013 and 2018 Basic Health Research (Riskesdas) show an increase in the coverage of maternal health indicators as reflected in the indicators of four ANC visits (K4) and birth assistance provided by health workers. The proportion of K4 pregnancy checks has shown an increase from 70% in 2013 (Riskesdas 2013) to 74.1% in 2018 (Riskesdas 2018). Based on routine data reporting, coverage of antenatal visits in 2021 is 88.13% of the target of 85%. Even though nationally the indicator for coverage of antenatal visits has reached the target, there are 17 provinces that have not reached the target, 2 of which have coverage below 40%, West Papua and Papua. There is an increase in coverage of antenatal visits in 2021 compared to 2020, namely from 79.36% with a target of 80% to 88.13% from a target of 85% (Kesga, Indonesian Ministry of Health, 2022).

Hariani, et al (2021) in their research results show that a history of ANC visits influences the incidence of stillbirth. Based on the place of delivery, the group of pregnant women who gave birth in a health facility with ANC visits not on schedule had a 5 times chance of stillbirth. Meanwhile, the group of pregnant women who did not give birth in a health facility with an inappropriate ANC visit had twice the chance of stillbirth compared to pregnant women with an ANC visit that was on schedule.

Rini, et al (2023) in their research results said that the frequency of K6 antenatal care visits affects pregnancy complications, which means that integrated health checks can overcome pregnancy risks and other problems. Meanwhile, Fauziah, et al (2023) said that the husband's or family's supportive attitude, education and knowledge can also influence ANC visit behavior.

Based on the results of a preliminary study (direct interviews and observations) conducted on 10 pregnant women at the Rangkasbitung Community Health Center, almost all respondents made ANC visits every month.

Looking at the Rangkasbitung Community Health Center's ANC Register Book in 2022, 95.7% of pregnant women visited Pure K1 and 78.9% of K4. In 2023 from April-June there will be 30.7% Pure K1 and 26.4% K4.

In 2016, the World Health Organization (WHO) issued recommendations for antenatal services which aim to provide a positive pregnancy and birth experience for mothers and reduce maternal and child mortality and morbidity rates which is referred to as the 2016 WHO ANC Model. The important points of the 2016 WHO ANC Model are the delivery of clinical services, providing relevant and timely information and providing emotional support. All of these things are provided by health workers who are clinically competent and have good interpersonal skills to pregnant women

during the pregnancy process. One of the recommendations from WHO is that for normal pregnant women, ANC should be carried out at least 8 (eight) times, after adapting to related professions and programs, it is agreed that in Indonesia, ANC should be carried out at least 6 (six) times with a minimum of 2 (two) contacts with a doctor. times for risk factor/complication screening for pregnancy in the 1st trimester, 1 (one) time during the 2nd trimester and screening for risk factors for childbirth 3 (three) times in the 3rd trimester (Ministry of Health of the Republic of Indonesia, 2020).

ANC services prepare prospective mothers to be truly ready to get pregnant, give birth and ensure that the surrounding environment is able to protect the baby from infection. Doctors and midwives are able to carry out quality ANC and carry out early detection (screening), establish diagnoses, carry out management and referrals so that they can contribute to efforts to reduce maternal and neonatal deaths (Ministry of Health of the Republic of Indonesia, 2020).

Based on this background, the author is interested in conducting research on "Level of Knowledge, Attitudes and Behavior of Pregnant Women Regarding the Frequency of ANC Visits in the Rangkasbitung Community Health Center Work Area".

The formulation of the problem in this research is how does the level of knowledge, attitudes and behavior of pregnant women influence the frequency of ANC visits in the Rangkasbitung Community Health Center working area?

The general objective of this research is to determine the influence of the level of knowledge, attitudes and behavior of pregnant women on the frequency of ANC visits in the Rangkasbitung Community Health Center working area.

This research can play a role in developing theories related to the role of the level of knowledge, attitudes and health behavior of pregnant

women. The findings of this research can provide a basis for further research in developing concepts and theories related to factors influencing ANC visits.

The subjects of this research were pregnant women who lived in the working area of the Rangkasbitung Community Health Center. This research examines the influence of the level of knowledge, attitudes and behavior of pregnant women on the frequency of ANC visits in the Rangkasbitung Community Health Center work area in 2023. This research was conducted in the Rangkasbitung work area which is a primary health service area. This research was conducted to understand the influence of pregnant women's level of knowledge, attitudes and behavior on the frequency of ANC visits. This research will use quantitative research methods by collecting data through questionnaires or structured interviews. Data will be analyzed using statistical techniques to evaluate the relationship between the level of knowledge, attitudes, behavior of pregnant women and frequency of ANC visits.

Antenatal services are every activity and/or series of activities carried out from the conception period until before the delivery process begins which are comprehensive and of high quality and provided to all pregnant women (Ministry of Health of the Republic of Indonesia, 2020).

All pregnant women receive comprehensive and quality antenatal care so that pregnant women can experience pregnancy and childbirth with a positive experience and give birth to healthy, high-quality babies. Positive experiences are experiences that are enjoyable and provide added value that is beneficial for pregnant women in carrying out their roles as women, wives and mothers (Ministry of Health of the Republic of Indonesia, 2020).

K1 is the first contact between pregnant women and health workers who have good clinical/midwifery and interpersonal competence, to obtain

integrated and comprehensive services according to standards. First contact should be made as early as possible in the first trimester, preferably before week 8. First contact can be divided into pure K1 and access K1 (Ministry of Health of the Republic of Indonesia, 2020).

Pure K1 is the first contact between pregnant women and health workers during the first trimester of pregnancy. Meanwhile, K1 access is the first contact between pregnant women and health workers at any gestational age. Pregnant women should do pure K1, so that if there are complications or risk factors they can be found and treated as early as possible (Ministry of Health of the Republic of Indonesia, 2020).

K4 is contact between pregnant women and health workers who have clinical/midwifery competence to obtain integrated and comprehensive antenatal care according to standards during their pregnancy at least 4 times with time distribution: 1 time in the first trimester (0-12 weeks), 1 time in the second trimester (>12 weeks -24 weeks), and 2 times in the third trimester (>24 weeks until birth). Antenatal visits can be more than 4 times as needed (if there are complaints, illnesses or pregnancy disorders) (Ministry of Republic of Indonesia, 2020).

K6 is contact between pregnant women and health workers who have clinical/midwifery competence to obtain integrated and comprehensive antenatal care according to standards during their pregnancy at least 6 times during their pregnancy with a distribution of time: 2 times in the first trimester (0-12 weeks), 1 time in the second trimester. second (>12 weeks - 24 weeks), and 3 times in the third trimester (>24 weeks until birth), where at least 2 times pregnant women must contact a doctor (1 time in the 1st trimester and 1 time in the 3rd trimester). Antenatal visits can be more than 6 (six) times as needed and if there are complaints, illnesses or pregnancy disorders. If the

pregnancy has reached 40 weeks, a referral must be made to terminate the pregnancy.

The minimum standards for integrated antenatal care are as follows: weighing and measuring height, measuring blood pressure, assessing nutritional status (measure upper arm circumference/LILA), measuring peak height of the uterus (fundus uterine), determining fetal presentation and fetal heart rate (DJJ).), screening tetanus immunization status and providing tetanus diphtheria (Td) immunization if necessary, administering blood supplement tablets of at least 90 tablets during pregnancy, laboratory tests: pregnancy test, blood hemoglobin levels, blood type, triple elimination test (HIV, Syphilis and Hepatitis B) and malaria in endemic areas. Other tests can be carried out according to indications such as: urine gluco-protein, random blood sugar, acid-fast bacillus (BTA) sputum, leprosy, malaria in non-endemic areas, stool examination for worms, complete blood examination for early detection of thalassemia and other examinations, management /handling cases according to authority, talks (counseling)

The information conveyed during counseling at a minimum includes examination results, care according to gestational age and maternal age, nutrition of pregnant women, mental readiness, recognizing danger signs of pregnancy, childbirth and postpartum, preparation for childbirth, postpartum contraception, care of newborns, early initiation of breastfeeding, Exclusive breastfeeding (RI Ministry of Health, 2020).

Integrated antenatal care is provided when health workers come into contact with pregnant women. Contact in this case is defined as when a pregnant woman's health worker is in a health service facility or in a community/environment. Contact should be made at health service facilities so that pregnant women receive quality and comprehensive services (Ministry of Health of the Republic of Indonesia, 2020).

In integrated antenatal care, health workers must be able to carry out early detection of nutritional problems, risk factors, obstetric complications, mental disorders, infectious and non-communicable diseases experienced by pregnant women and carry out adequate management so that pregnant women are ready to undergo a clean and safe birth.

Knowledge is the result of "knowing" and this occurs after people sense a particular object. Sensing of objects occurs through the five human senses, namely sight, hearing, smell, taste and touch. The time from sensing to producing knowledge is greatly influenced by the intensity of perceptual attention to the object. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2003 in Wawan, et al, 2011).

Knowledge itself is influenced by formal education factors. Knowledge is closely related to education, where it is hoped that with higher education the person's knowledge will become broader. However, it needs to be emphasized that this does not mean that someone with low education has absolutely low knowledge. This is because increasing knowledge is not absolutely obtained from formal education alone, but can be obtained through non-formal education. A person's knowledge about an object contains two aspects, namely positive aspects and negative aspects. These two aspects will determine a person's attitude, the more positive aspects and objects that are known, the more positive the attitude will be and the objects that are known, will give rise to a more positive attitude towards certain objects. According to the World Health Organization (WHO) quoted by Notoatmodjo (2007), one form of health object can be described by knowledge obtained from one's own experience (Wawan, et al, 2011).

Knowledge or cognitive is a very important domain for the formation of a person's actions (ovent behavior). From experience and

research, it turns out that behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge. Sufficient knowledge in the cognitive domain has 6 (six) (Notoatmdjo, 2003 in Wawan, et al, 2011).

Attitude refers to an individual's evaluation of various aspects of the social world and how this evaluation gives rise to the individual's likes or dislikes towards issues, ideas, other people, social groups and objects. Attitude was originally defined as a condition for the emergence of an action. Attitude phenomena are mental mechanisms that evaluate, form views, color feelings and will also determine our behavioral tendencies towards humans or things we encounter, even towards ourselves. Our views and feelings are influenced by memories of the past, by what we know and our impressions of what we are currently facing (Priyoto, 2014).

Attitude is a favorable or unfavorable evaluative statement towards an object, individual or event. It reflects how a person feels about something. When I say, “I like my job,” I am expressing my thoughts about work (Thian, 2021).

An attitude statement is a series of sentences that say something about the object of the attitude that is to be expressed. An attitude statement may contain or say positive things about the object of the attitude, that is, sentences that support or side with the object of the attitude. This statement is called a favorable statement. On the other hand, an attitude statement may also contain negative things about the attitude object that are neither supportive nor contrary to the attitude object. Statements like this are called unfavorable.

As far as possible, an attitude scale should be attempted to consist of a balanced number of favorable and unfavorable statements. Thus, the statements presented are not all positive and not all negative, as if the contents of the scale take sides or do not support the attitude object at all.

Questionnaire contents: Favorable with item values, namely: 4: Strongly Agree (SS) 3: Agree (S) 2: Disagree (TS) 1: Strongly Disagree (STS). Unfavorable with item values: 1: Strongly Agree (SS) 2: Agree (S) 3: Disagree (TS) 4: Strongly Disagree (STS). To convert the score measurement results into percentages, they can be translated into scores.

Behavior is a set of actions or actions of a person in response to something and then becomes a habit because of the values they believe in. Human behavior is essentially the actions or activities of humans, both observable and unobservable by human interactions with their environment, which are manifested in the form of knowledge, attitudes and actions. Behavior can be interpreted more rationally as the response of an organism or person to stimuli from outside the subject. This response is formed in two types, namely the passive form and the active form, where the passive form is an internal response, namely that which occurs within humans and cannot be directly seen by other people, while the active form is when the behavior can be observed directly (Triwibowo, 2015).

Green in Notoatmodjo, 2003, tries to analyze human behavior starting from the health level. That a person's health is influenced by 2 main factors, namely behavioral factors (behavioral causes) and factors outside of behavior (non-behavioral causes). Behavioral factors are determined or shaped by:

a. Predisposing factors, which are manifested in knowledge, attitudes, beliefs, beliefs, values and so on.

b. Supporting factors, which are manifested in the physical environment, the availability or unavailability of health facilities or facilities, for example health centers, medicines, sterile equipment and so on.

Driving factors (reinforcing factors) are manifested in the attitudes and behavior of health workers or

other officials, who are the reference group for community behavior.

WHO analyzes that what causes a person to behave in a certain way is: 1) Thoughts and feelings, namely in the form of knowledge, perception, attitudes, beliefs and a person's assessment of objects (health objects) 2) Important figures as role models. If someone is important to them, then what they say or do tends to be imitated. 3) Resources, including facilities, money, time, energy and so on. 4) Normal behavior, habits, values and use of resources in a society will produce a way of life which is generally called culture. This culture was formed over a long time and is always changing, either slowly or quickly according to human civilization (Notoatmodjo, 2003).

Predisposing factors are positive factors that make practice easier, so they are often referred to as facilitating factors. The predisposing factors include: belief, confidence, education, motivation, perception, knowledge.

Supporting factors are manifested in the physical environment, whether or not health facilities or facilities are available. These facilities essentially support or enable the realization of behavior, so they are called supporting or enabling factors.

Driving factors are manifested in the attitudes and behavior of health workers or other officials, who are the reference group for community behavior. People's behavior is more influenced by important people (Triwibowo, 2015). According to Febriani (2013), factors that can influence behavior are also internal factors, namely activities that are strongly influenced by internal factors, including gender, according to Hungu (2007), that biological differences between female and male students, students Women use their feelings more, which influences their skills, especially in brushing their teeth, race/ancestry, physical characteristics, personality and talents. Talent is a condition in a person that enables him

with special training to achieve special abilities, knowledge and skills..

Research Methods

The research method this time is descriptive analytical survey research with a cross sectional approach. The research location is the area in the Rangkasbitung Community Health Center working area. The population in this study were all mothers recorded in the register book for pregnant women in the work area of the Rangkasbitung Community Health Center in 2023, totaling 102 pregnant women. The sample size calculation uses the sample size formula. So the sample size used in this research was 81 respondents. Primary data was collected using a questionnaire to determine the level of knowledge, attitudes and behavior of pregnant women. The questionnaire was completed when the mother had an ANC visit. Secondary data used in this research is the KIA book as a source of information on visits by pregnant women during the pregnancy period. Data analysis uses univariate analysis and bivariate analysis. The Chi-square distribution is used to see whether two classifications of the same data are independent of each other. Chi-square analysis can also be carried out to test the interval of a population and check whether a data collection is well described by a normal distribution (Usman, 2020). The results of the hypothesis test are as follows: If the probability p value $\leq \alpha$ (0.05) then Ho is rejected and Ha is accepted. If the probability p value is > 0.05 then Ho is accepted and Ha is rejected..

Research Result

From the univariate results, it was found that 81.3% of respondents had complete ANC visits. As many as 41.3% had a good level of knowledge about ANC visits. Respondents who had a good attitude were 91.3%. Respondents who had good behavior were 81.3%. Based on the bivariate results, the frequency of complete ANC visits was greater among respondents with a good level of

knowledge at 90.9%. Chi Square test results with a value of 0.064 > p value 0.05 means there is no relationship with the level of knowledge of pregnant women and the frequency of ANC visits. The frequency of complete ANC visits was greater among pregnant women who had a fairly good attitude (85.72%). The results of the Chi Square test with a value of 1.000 > p value 0.05 means there is no relationship between the attitude of pregnant women and the frequency of ANC visits. The frequency of incomplete ANC visits was greater among respondents who had bad behavior. Chi Square test results with a value of 0.000 > p value 0.05 means there is a relationship with the attitude of pregnant women and the frequency of ANC visits.

Discussion

This research shows that the frequency of complete ANC visits is greater among respondents with a good level of knowledge of 90.9%. Chi Square test results with a value of 0.064 > p value 0.05 means there is no relationship with the level of knowledge of pregnant women and the frequency of ANC visits. The results of the Odds Ratio (OR) calculation show that pregnant women with a sufficient level of knowledge are 3.429 times more likely to have an incomplete frequency of ANC visits.

Formal education plays a role in influencing knowledge, but knowledge does not only depend on a person's level of education. Apart from formal education, knowledge can also be obtained through non-formal education. A person's knowledge about something influences their attitude, where the more they know about it, the more positive their attitude tends to be. WHO states that knowledge about health can be obtained from personal experience (Wawan, et al, 2011).

In line with research by Arisah (2022), based on the results of statistical tests, a value of p = 1,000 was obtained, which shows that there is no significant relationship between the level of knowledge of pregnant

women and antenatal care behavior at the Tlogosari Kulon Semarang Community Health Center.

Knowledge or cognitive is a very important domain for the formation of a person's actions (ovent behavior). From experience and research, it turns out that behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge. Sufficient knowledge in the cognitive domain has 6 (six) levels, namely: (Notoatmdjo, 2003 in Wawan, et al, 2011).

The frequency of complete ANC visits was greater among pregnant women who had a fairly good attitude (85.72%). The results of the Chi Square test with a value of 1.000 > p value 0.05 means there is no relationship between the attitude of pregnant women and the frequency of ANC visits. The results of the Prevalence Ratio (PR) calculation show that pregnant women with a fairly good attitude are at risk of having a complete frequency of ANC visits.

Attitudes are formed and change in line with individual development or in other words attitudes are the result of individual learning through social interaction. This means that attitudes can be formed and changed through education. A positive attitude can change to negative if you don't get coaching and conversely a negative attitude can change to positive if you get good coaching. This is where the role of education in developing a person's attitude lies. Attitude formation does not just happen, but rather through a certain process, through continuous social contact between individuals and others around them (Notoarmodjo, 2010).

This research has the same results as research conducted by Mangosa, et al (2022) that the results of the analysis of the relationship between attitudes and compliance with ANC visits at the Rijali Community Health Center using the chi-square test, show that there is no significant relationship between attitude and

compliance with ANC visits at the Rijali Community Health Center. with a value of (p=0.745).

There are several factors that influence attitudes such as personal experience, culture, other people who are considered important, mass media, educational institutions or institutions and religious institutions, emotional factors within the individual. The form of attitude is not all determined by a person's environmental situation and personal experience. Sometimes, a form of attitude is a statement based on emotions which functions as a kind of channeling of emotions within oneself or a diversion of a form of ego defense mechanism (Notoatmodjo, 2010).

The results of this study show that the frequency of incomplete ANC visits is greater among respondents who have bad behavior. Chi Square test results with a value of 0.000 > p value 0.05 means there is a relationship with the attitude of pregnant women and the frequency of ANC visits. The results of the Prevalence Ratio (PR) calculation show that pregnant women with bad behavior are at risk of having an incomplete frequency of ANC visits.

There are many factors that influence behavior, namely predisposing factors are positive factors that make practice easier, so they are often referred to as facilitating factors. The predisposing factors include: belief, confidence, education, motivation, perception, knowledge. Supporting factors are manifested in the physical environment, whether or not health facilities or facilities are available. These facilities essentially support or enable the realization of behavior, so they are called supporting or enabling factors. Driving factors are manifested in the attitudes and behavior of health workers or other officials, who are the reference group for community behavior. People's behavior is more influenced by important people (Triwibowo, 2015).

In line with the results of research by Lestari (2021), the results of research using the Spearman Rank / Rho test ($\alpha = 0.05$) show that $p = 0.946$

where p> 0.05 so there is no relationship between pregnant women's perceptions and behavior regarding ANC visits in Jember. Based on research on the distribution of pregnant women's perceptions regarding ANC visits, it was found that the majority of pregnant women had good perceptions. Pregnant women who had a good perception were 62 respondents (70.5%). That with a good perception of ANC visits, it is likely that client behavior will also be good. This is in accordance with research conducted by Mahardika (2012), regarding the relationship between perceptions of the mother's role and maternal participation in caring for newborns in post partum mothers with caesarean section. The research results showed that there were 66 respondents (52.4%), 60 respondents (47.6%) had negative perceptions. According to (Zan Pieter, Herri, 2012) contemporary psychological views, a person's perception of something will also have an impact on the behavior that that person will generate and give to the environment around them. Apart from that, perception is usually also influenced by various factors, both internal and external factors, so that a person's perception will also have an impact on a person's behavior about something.

Summary

This research shows that although respondents with a good level of knowledge tend to have a complete frequency of ANC visits, the results of statistical tests show that there is no significant relationship between the level of knowledge of pregnant women and the frequency of ANC visits. Likewise with the attitude of pregnant women, although a good attitude tends to have a complete frequency of ANC visits, the results of statistical tests show that there is no significant relationship between the attitude of pregnant women and the frequency of ANC visits. Factors such as personal experience, culture, mass media, educational institutions and religious institutions can influence the

formation of attitudes and perceptions, which in turn influence the behavior of pregnant women regarding ANC visits. Although good perceptions can influence positive behavior, the results of statistical tests show that there is no significant relationship between pregnant women's perceptions and ANC visit behavior. Thus, this study highlights the complexity of factors influencing pregnant women's health behavior regarding ANC visits, and emphasizes the importance of considering multiple factors in designing public health interventions.

Advice

Providing a more holistic educational approach to pregnant women about the importance of regular ANC visits, both through group counseling sessions and individual visits, taking into account various factors that influence their knowledge, attitudes and behavior. Design an effective and comprehensive communication program to increase awareness of pregnant women about the benefits of regular ANC visits, including through social media, brochures, posters and public awareness campaigns.

Pregnant women must commit to following the ANC visit schedule recommended by health workers. Don't miss regular visits even if you feel healthy, because these visits are important for monitoring the progress of the pregnancy and detecting health problems as early as possible. Ask for support from your partner, family, friends or local community to help pregnant women understand and follow the ANC visit process well. Discuss the importance of these visits and how they can help the mother in pregnancy.

Provide comprehensive training for midwifery students in prenatal counseling, effective communication with pregnant women, as well as skills development to identify and overcome barriers that pregnant women may experience in attending ANC visits.

Further research aims to deepen understanding of the relationship between knowledge, attitudes and behavior of pregnant women and the frequency of ANC visits. Provide the necessary support and resources for students or staff to undertake relevant and impactful research in the field of midwifery..

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