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RESEARCH

Differences In The Level Of Knowledge Of Primigravida Who Underwent Antenatal Care at The Obstetrician and Midwives in Padang City

Susanti Apriani¹, Syahredi Syaiful Adnan², Hafni Bachtiar³

Affiliations : 1. *Obstetrics and Gynecology Department, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital Padang;* 2. *Sub Division of Social Obstetrics and Gynecology, Obstetrics and Gynecology Department, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital Padang;* 3. *Public Health Department, Faculty of Medicine, Andalas University Padang*

Correspondence: *Susanti Apriani, email : drsusan.painan@gmail.com, Hp: 081374581577*

Abstract

The maternal mortality rate in Indonesia Demographic and Health Survey (IDHS) 2012, increased significantly to 359 per 100,000 births hidup.1 Obtained in Household Health Survey (Survey) 2001 maternal mortality rate can be lowered only by basic health services such as antenatal. Based on a UNICEF report, only about 45% were informed about the signs of pregnancy complications. This research was conducted to determine the cross sectional differences in the level of knowledge of pregnant women who had antenatal care at obstetricians and midwives in the city of Padang. Primigravida pregnant women who visit antenatal care at obstetricians and midwives in Padang City, amounting to 73.8% have a high level of knowledge. There were no differences in the level of knowledge of pregnant women who had antenatal care at obstetrician ($p > 0.05$)

Keywords: *Antenatal, Midwives, Obstetrician, knowledge*

INTRODUCTION

After a long period of publication of the results of the 2012 Indonesian Demographic and Health Survey for Maternal Mortality Rate (MMR) was postponed by the government, finally the results of MMR collection were announced. Maternal mortality jumped very significantly reaching 359 per 100,000 live births or recovered in 1997. This is a question of maternal health problems for 15 years. In 2007, the MMR in Indonesia actually reached 228 per 100,000 live births. The immediate causes of maternal death are bleeding (28%), hypertension in pregnancy (24%), infection (11%), unsafe abortion (5%) and prolonged labor (5%).^{1,2}

Obstetric complications are not always predictable before delivery and may occur in pregnant women who have been identified as normal. WHO (World Health Organization) estimates that around 15% of all pregnancies will develop into complications related to their pregnancy, both directly and indirectly.³ However, if the mother receives quality antenatal care, complications can be identified earlier can immediately get referral services immediately effective.⁴



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The problem of the high mortality of pregnant women can be prevented by organizing promotive and preventive efforts, which can be done by pregnancy examination visits of pregnant women to health facilities, at least 4 times during pregnancy, where once in the first trimester, once in the second trimester and twice in the second third trimester. Obtained in the Household Health Survey in 2001 the maternal mortality rate can be reduced to 20% only with basic health services such as antenatal services.

In developed countries, the ratio of outcomes between pregnant women who received and did not receive antenatal care, or pregnant women who made their first antenatal visit early in pregnancy compared to those who did antenatal visits at the end of pregnancy was influenced by socioeconomic factors, education, unexpected pregnancy, maternal age, and other factors affecting pregnancy outcomes.^{5,6} While in developing countries, factors that influence more on the level of knowledge, distance or access and utilization of health services, including for delivery. There is no research that controls these factors adequately.⁷

In Padang, coverage of new visits for pregnant women (K1) increased from 97.9% in 2008 to 98.6% in 2012, and for antenatal care (K4) increased from 88% in 2008, to 92.2% in 2012. Along with the high antenatal coverage, it should be followed by adequate quality. Inadequate counseling about pregnancy warning signs is considered as one of the reasons for the lack of awareness of warning signs in pregnant women who make antenatal visits.^{8,9,10,11} Based on a report from UNICEF, only about 45 percent were told about signs of pregnancy complications.

The increase in coverage of antenatal services with an adequate number of health workers in West Sumatra has not been matched by an increase in the quality of services provided to the community. Thus, the maternal mortality rate remains high due to the low quality of obstetric care. Quality includes the provision of information in an effort to increase the knowledge of pregnant women so as to further influence the behavior of pregnant women to be more aware of their pregnancy.

Based on this background, the researchers conducted research on differences in the level of knowledge of primigravida pregnant women who conduct antenatal visits to obstetrician health centers in the city of Padang.

METHOD

This research was conducted by cross method sectional to find out the differences the level of knowledge of primigravida pregnant women make antenatal visits to the obstetrician and primary health centers in the city of Padang.

Respondent data is taken from patient registration who make antenatal visits to primary health centers and obstetrician at least in the third trimester, and have done it four times antenatal visit. Direct interviews were conducted on samples that met the inclusion criteria. Explanation was given to respondents about research objectives, informed consent was



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requested for follow the research. Respondents done guided interviews by researchers with using a predetermined questionnaire. Factors that influence knowledge determined based on characteristics general research subjects (age, education, profession). To measure knowledge, the tool used is a questionnaire.

Data that has been processed is processed through several stages; editing, coding, entry, scoring, cleaning, and tabulating. Univariate analysis was performed to determine the characteristics respondents included age, level of education, occupation and description of knowledge of pregnant women about antenatal care. Bivariate analysis test the relationship between independent variables with the dependent variable using the chi square test (χ^2), with a confidence level of 95% ($\alpha = 0.05$) with p-value < 0.05 , if the p-value < 0.05 means that it is statistically significant (significant), and if the p-value > 0.05 means it is not statistically significant. Independent variable consists of antenatal visits to the obstetrician and to the midwife, the dependent variable is the level of knowledge of pregnant women.

RESULT

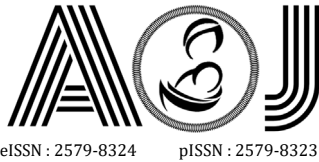
Research has been conducted on patients who conduct antenatal at obstetrician and midwife in the city of Padang. Research began from June 2014 to October 2014. The total number of respondents was 130 with 65 respondents obtained from the midwife practices and 65 respondents from obstetrician practice, who meet inclusion criteria, and agree to participate in research, and none were excluded. Total this is in accordance with the minimum number of samples set. Then the data is recapitulated and carried out statistical analysis.

From 144 samples that met the inclusion and exclusion criteria, it was found that the characteristics of the study sample were based on age, education, and occupation.

Table 1. Characteristics of respondents based on age

Variables	Group				P
	Antenatal at midwifery		Antenatal at obstetrician		
	Mean	SD	Mean	SD	
Wife's Age	24.25	4.37	26.26	4.35	0.650
Husband's Age	27.05	4.32	29.02	4.25	0.994

Based on table 1, the average age of respondents (pregnant women) who control pregnancy at midwives is 24.25 + 4.37 years, and those who control pregnancy at obstetrician are 26.26 + 4.35 years, with a probability value of 0.650 (> 0.05). The mean age of the husband of the respondent who controls pregnancy at the midwife is 27.05 + 4.32 years, and who controls the obstetrician is 29.06 + 4.25 years, with a probability value of 0.994.



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Table 2. Respondents characteristic based on education level

Variables	Group			
	Antenatal at midwifery		Antenatal at obstetrician	
	n	%	n	%
Wife's education				
High	50	76,9	54	83,1
Low	15	23,1	11	16,9
Husband's education				
High	50	76,9	58	89,2
Low	15	23,1	7	10,8

Based on table 2, respondents with a high education level who made antenatal visits to midwives were 76.9% and 83.1% to obstetrician ($p > 0.05$). Respondents with low levels of education who made antenatal visits to midwives were 23.1%, and 16.9% to obstetrician. Based on husband's education, it was found 76.9% of husbands with high education and 23.1% of husbands with low education in respondents who had antenatal visits to midwives. For respondents who did antenatal visits to obstetrician, 89.2% of husbands had high education, and 10.8% had low education ($p > 0.05$)

Table 3. Respondents characteristic based on their work

Variables	Group			
	Antenatal at Midwife		Antenatal at Obstetrician	
	n	%	n	%
Wife's work				
Work	13	20	12	20
Not working	52	80	52	80
Husband's work				
Civil servants	10	15.4	18	27.7
Entrepreneurs	20	30.8	21	32.3
Self-employed	26	40.0	25	38.5
Laborers	5	7.7	4	6.2
Others	0	0	1	1.5

Table 3 shows the characteristics of the respondents based on the work of the respondent and the work of the husband. The work of the respondents was divided into two groups, working and not working. Of respondents who did antenatal visits to midwives, 20% of respondents worked, and 80% did not work. The same figure was also obtained for respondents who had taken antenatal visits to obstetrician ($p > 0.05$). Characteristics of respondents based on the work of their husbands are divided into 5 groups, namely working as civil servants, entrepreneurs, self-employed, laborers, and groups that do not belong to one of these categories. Based on table 4.3, it is found that most of the husband's work is self-employed, which is equal to 40% of respondents who do antenatal visits to midwives, and



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38.5% of respondents who do antenatal visits to obstetrician. For the smallest percentage are respondents' husbands who work as laborers, namely 7.7% of respondents who do antenatal visits to midwives, and 6.2% on respondents who make antenatal visits in obstetricians ($p > 0.05$).

Table 4. The difference in the level of knowledge of pregnant women who make antenatal visits to Obstetricians and Midwives.

Variables	Group				P
	Antenatal at Midwife		Antenatal at Obstetrician		
	n	%	N	%	
Knowledge Level					
High	48	73,8	48	73,8	1.00
Low	17	26,2	17	26,2	

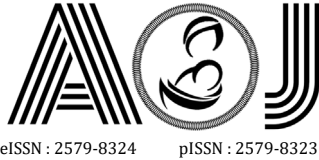
In table 4 the level of knowledge is obtained by respondents who make antenatal visits to the midwife and obstetrician. Respondents who made antenatal visits on midwives found 73.8% had levels high knowledge about antenatal, and 26.2% have a low level of knowledge. To respondents who did antenatal visit to obstetrician also found 73.8% of respondents had a high level of knowledge about the antenatal, and 26.2% had a low level of knowledge ($p > 0.05$). Based on the results of the statistical analysis, both groups show the same results, so there is no meaningful difference between the knowledge of respondents who make antenatal visits to midwives with an obstetrician in the city of Padang.

DISCUSSION

The subjects of the study were third trimester primigravida pregnant women who made antenatal visits to obstetricians and midwives in Padang. The study was carried out on 65 pregnant women who made an antenatal visit to obstetrician, and 65 mothers who made an antenatal visit at midwife.

Based on age, it was found that the average age of pregnant women who visited antenatal visits by midwives was 25, 25 + 4.37 years, and those who did antenatal visits to obstetrician were 26.26 + 4.35 years. The average age of the husband in pregnant women who visited antenatal visits to midwives was 27.05 + 4.32 years, and in pregnant women who did antenatal visits to obstetrician was 29.02 + 4.25 years.

Based on the level of education, the most sample had a high level of education, namely 76.9% in pregnant women who visited antenatal visits to midwives, and 83.1% in pregnant women who did antenatal visits to obstetrician. The education level of pregnant mothers who make antenatal visits to midwives is highly educated at 76.9%, and 89.2% of pregnant women who take antenatal visits to obstetrician.



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Based on the characteristics, pregnant women who make antenatal visits have higher education. Based on work, 80% of pregnant women who do antenatal visits to midwives do not work, and 80% of pregnant women who do antenatal visits to obstetrician. Based on the husband's work, the largest percentage of pregnant women husbands who do antenatal visits work as self-employed, which is 40.0% in the group who do antenatal visits to midwives and 38.5% in the group who do antenatal visits to obstetrician.

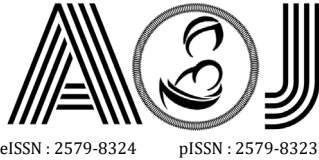
From the results of the study found that pregnant women who do antenatal visits to midwives and obstetrician have a good level of knowledge, with a total of 73.8% and only 26.2% of pregnant women have a low level of knowledge ($p > 0.05$). Statistically there is no difference in the level of knowledge between pregnant women who make antenatal visits to obstetrician and midwives in the city of Padang.

In a study conducted by Sopiana ME (2010), obtained an overview of antenatal knowledge in pregnant women who visited the practice of obstetrician in Padang Bulan, Medan, had a good knowledge of 77.9%.¹² Cahyadi R (2010) gained a level of knowledge 80% of pregnant women make antenatal visits at the Rawang Barat Public Health Center.¹³ Masrianto (2001) states that there is a significant relationship between education, knowledge, attitudes and ANC visit visits.¹⁴

In this study, there was no difference in the level of knowledge of pregnant women who perform antenatal care for both obstetricians and midwives. In accordance with the analysis conducted by G. Carroli et al (2001) about the effectiveness of antenatal services provided by midwives / general practitioners compared to obstetricians / gynecologists. In general, the outcomes are almost the same between the two groups.^{7,15}

According to Notoatmodjo (2003), knowledge is the result of tofu that occurs after someone senses a certain object. Knowledge is influenced by education, occupation, age, information sources. In this case the factors that influence maternal knowledge are education, age, occupation, gestational age and peritas so that a good knowledge of pregnant women can prevent or detect early pregnancy complications.

According to Notoatmodjo (2003) the level of education is an effort to provide knowledge so that differences in positive behavior occur. In this case pregnant women who have a minimum level of high school education can be said to already have a secondary education where mothers can better understand and get information about aspects of antenatal care, although this is not obtained in formal education but can be obtained by other means such as reading a book about pregnancy or the MCH book. Education is needed for get information, so that the higher a person's education is, the more a person's knowledge increases a person's education will affect the absorption or reception of incoming information let alone information that is new to the respondent, including regarding antenatal care. In addition, a person's level of education will affect his views on something that comes from



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outside. A person's higher education causes that person to think more rationally and understandably in receiving information about antenatal care.

On this study found that on average pregnant women have a high education both in pregnant women who conduct antenatal examinations at midwives and at obstetrician. The age factor can play a role in influencing one's level of knowledge. According to Nursalam (2008) revealed that the more sufficient age, the level of maturity and strength of a person will be more in thinking and working. This shows that at the age of 25-30 years a person's thinking process is still good, so that the experience gained by someone about a pregnancy check-up visit will truly be useful knowledge, but on the other hand the younger the person's age the less experience is gained but not all can processed in the mind well, because at a certain age a person has a decreased ability to digest the information received so that it affects one's knowledge because the younger a person's age has not yet matured. In this study it was found that the average age of pregnant women is in the age range of 25-30 years both in pregnant women who do antenatal checks on midwives and at obstetrician.

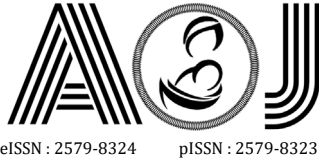
The role of work in influencing the level of knowledge, Notoatmodjo (2003) said that a relatively sufficient economic situation would provide the facilities needed to gain knowledge. The results of the study by Farzinah F (2008) show that mothers who work as entrepreneurs have sufficient income themselves, so that pregnant women can obtain information about more optimal antenatal care visits in accordance with the wishes of the mother, for example choosing a place for pregnancy examinations that mothers feel can satisfy both in terms of the services and counseling provided by health workers, it can also be obtained from pregnancy books that are bought in stores. And the higher the status of one's work, the better knowledge they have.

CONCLUSION

The mean age of primigravida who had antenatal visits to midwives was 25.25 + 4.37 years, and 26.26 + 4.35 years for obstetrician, with high education levels of 76.9% and 83.1%, and 80 % does not work. There was no difference in the level of knowledge between pregnant women who made antenatal visits to obstetrician and midwives in Padang city. The average blood plasma vitamin C level in term pregnancy without premature rupture of membranes was 97.56 nmol / mL (\pm 78.28 nmol / mL).

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