Research of Service Administration Health and Sains Healthys
Vol. 3 No. 1 Juni 2022
*p-ISSN:*2830-4748 e-ISSN: 2830-4772
DOI: *http://ejournal.mandalanursa.org/index.php/Rehat/issue/archive*

The Effect of Implementing Pregnancy Classes on Increasing Mothers' Knowledge About the Risks of Pregnancy and Childbirth And Postpartum at the Matakando Village Health Post, Mpunda Community Health Center Working Area, Bima City

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Article Info
Article history:
Accepted: 10 Juny 2022
Publish: 14 Juny 2022

Keywords:
Class of Pregnant Women, Mother's Knowledge the risks of pregnancy, childbir, puerperium

Abstract
The main causes of AKI and IMR are risk factors for pregnancy, childbirth, and the puerperium. The problem of AKI and IMR can be prevented through increasing maternal knowledge about the risks of pregnancy, childbirth, and the postpartum period, including through empowerment and education of women, families and community empowerment. One of the real efforts of this policy is sample T-Test through SPSS version 20 for window program compares T-Count with T-Table value at cx:0.05.The results showed that the knowledge of pregnant men regarding risk factors during pregnancy, childbirth and the puerperium at the Matakando Poskesdes before the implementation of the class for pregnant women was in good category 11.1%, delivery in good category 44.4%, and postpartum good category 4.4%. after the implementation of the class pregnant women knowledge about the risk of pregnancy in good category 73.7%, good category delivery 82.2% and knowledge about postpartum good category 26.7%. The stages of implementing the pregnant women class have been carried out with the SOP for the implementation of the pregnant women class.The conclusion shows that there is a significant effect between the implementation of pregnant women's classes on increasing mother's knowledge about the risks of pregnancy, childbirth and the postpartum period. Based on the statistical analysis test with univariate and bivariate Paired samples T-test results, the t-count value is -9.035 compared to the t-table value of 1.680 at a 95% confidence level.

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1. INTRODUCTION

In accordance with the Policy Direction of the RPJMN National Medium Term Development Plan in the health sector at stage IV 2020-2024. According to the World Health Organization WHO, every day in 2017 around 810 women died, at the end of the year reaching 295,000 people out of 94 of whom were in developing countries WHO, 2019. In 2018 the newborn mortality rate was around 18 deaths per 1,000 live births. The high maternal mortality rate for AKI and the infant mortality rate for IMR is caused by complications in pregnancy and childbirth UNICEF 2019 In 2020 the maternal mortality rate in Indonesia was 305 per 100,000 live births. The infant mortality rate reached 21 deaths per 100,000 births, Republic of Indonesia Ministry of Health, 2020. The NTB maternal mortality rate decreased from 2015 to 2017, but in 2018, it soared to almost 100

deaths. The infant mortality rate has decreased from 1,086 deaths in 2015 to 866 in 2018. Indonesian Ministry of Health, 2020. The number of maternal deaths in NTB in 2020 was 122 deaths, with a description of the causes of bleeding 31.14, hypertension 25.4, infection 6.55, circulatory system disorders 9.01, metabolic disorders 8.19 and other causes 19.7. NTB Provincial Health Department, 2021. Bima City's infant mortality rate as a result of Riskesdas, 2018 is 57 per 1000 live births, even though the SDGs target by 2019 must decrease to 23 per live birth Ministry of Health, Republic of Indonesia 2019. The infant mortality rate in 2020 reaches 52 per 1000 births which was reported. The number of deaths in Bima City as of December 2021 was 6 deaths, so with the existing number of 3,559 mothers, 63,559 x 100,000 births will result in a MMR of around 168 per 100,000 live births, Bima City Health Office, 2021 The main cause of MMR and IMR is the risk factors of pregnancy, childbirth and the postpartum period.

Problem Formulation Based on the results of the problem identification above, the problem is formulated as follows: Is there an effect of implementing Pregnancy Classes on increasing mothers' knowledge about the risks of pregnancy, childbirth and postpartum. General Objective To determine the effect of implementing classes for pregnant women on increasing mothers' knowledge about the risks of pregnancy, childbirth and postpartum. Pregnancy is a process that starts from the conception stage until the birth of the fetus. The normal length of pregnancy is 280 days 40 weeks calculated from the first day of the last menstruation Widatiningsih Dewi, 2017. Likewise, other experts state that pregnancy is defined as fertilization or union of spermatozoa and ovum followed by nidation or implantation. Pregnancy is divided into three trimesters where the first trimester lasts 12 weeks, the second trimester lasts 15 weeks from the 13th to the 27th week, the third trimester lasts 13 weeks from the 28th to the 40th week Prawiharjo, 2014. Gravida is a woman who is or has been pregnant, regardless of the outcome of the pregnancy. Primi which means first. Old primi are women who are pregnant for the first time and are more than or equal to 35 years old. Secondary old primi are women who are pregnant for the first time and have been married for more than or equal to 4 years, the distance between the current pregnancy and the previous pregnancy is more than or equal to 10 years. Saminem, 2008. Signs of pregnancy are divided into 3:

1) Presumptive signs of suspected pregnancy:
   a. Ameneora cannot menstruate,
   b. Nausea and vomiting nausea and emesis,
   c. Cravings,
   d. Can't stand a smell,
   e. Faint,
   f. No appetite,
   g. Tired,
   h. Tense breasts,
   i. Frequent urination,
   j. Frequent constipation, k) Skin pigmentation.
2) Uncertain signs of possible pregnancy:
   a. Enlarged stomach,
   b. Enlarged uterus,
   c. Chadwick's sign, bluish vulva and vagina
   d. Small uterine contractions,
   e. Pregnancy test.
3) Positive Signs Sure signs of pregnancy:

a. fetal movement,
b. fetal heart rate,
c. Visible image of the fetus via ultrasound Prawiharjo, 2014 4 Gestational Age Normal and healthy gestational age is 280 days or 40 weeks, and can be divided into three trimesters.

The third trimester is a time to prepare for birth and the role of parenthood, such as focused attention on the birth of the baby, as well as active preparation for the birth of the baby and the change in role as a parent. The mother's duties during pregnancy are as follows: a) Accepting her pregnancy, b) Building a relationship with the fetus, c) Adjusting to physical changes, d) Adjusting to changes in the relationship between husband and wife, e) Preparing for childbirth, f) Becoming a parent Mansur Budiarti, 2014.

2. RESEARCH METHOD

The subjects of this research were pregnant women with a gestational age of 4 weeks to 36 weeks. The population of all pregnant women in Matakando Village, Bima City. Sampling was carried out using a non-probability purposive sampling method. The sampling number for this research was 45 people, each neighborhood received a quota of 15 samples each, 15 people in the Tolotando neighborhood, 15 people in the Raba NTala neighborhood and 15 people in the Soncolela neighborhood, according to the number of targets determined in one class of pregnant women. Sampling Technique The sampling technique used in non-probability sampling research is purposive sampling. Research Design The research design is ex-post facto one group pre-posttest. Data Collection and Processing Techniques Collection method using questionnaire tools.

3. IDENTITY RESEARCH RESULTS

Results of analysis of the influence of mothers' knowledge about the risks of pregnancy, childbirth and postpartum before and after the implementation of classes for pregnant women.

Table 4.13 Distribution of knowledge about the risks of pregnancy, childbirth and postpartum before and after the pregnant mother class at the Matakando Village Health Post

Variable	Knowledge level	*Pre-Test*		*Post Test*	
		N=45	%	N=45	(%)
Pregnancy	Good (>16)	5	11.1	33	73.3
	Fair (8-16)	30	66.7	12	26.7
	Less (<8)	10	22.2	0	0
	Average	10.69	100	17.27	100
Labor	Good (>16)	20	44.4	37	82.2
	Fair (8-16)	24	53.3	8	17.8
	Less (<8)	1	2,2	0	0
	Average	8.58	100	15.22	100
Postpartum	Good (>16)	2	4.4	12	26.7
	Fair (8-16)	25	55.6	25	55.6
	Less (<8)	18	40.0	8	17.8
	Average	12.53	100	18,20	100

Source: Processed Primary Data

Of the 45 respondents before the implementation of the pregnant women's class, the

majority of respondents had a good level of knowledge about the risks of pregnancy at 11.1%. After the pregnant women's class was implemented, the level of knowledge of respondents in the good category increased by 73.3%. And the level of knowledge about the risks of childbirth in the good category was 44.4%. After the pregnant women's class was implemented, the level of knowledge of respondents in the good category increased by 82. 2%. And the level of knowledge about postpartum risks in the good category was 4.4%. After the class for pregnant women was implemented, the level of knowledge about postpartum risks in the good category increased by 26.7%. Results of the paired sample t test, knowledge about pregnancy risks, labor and postpartum class for pregnant women before and after the implementation of the class for pregnant women at the Matakando Village Health Post

After carrying out statistical analysis tests with univariate and bivariate using the Paired samples T-test, it was obtained that the calculated t value was -9.035 compared to the t table value of 1.680 at a confidence level of 95% and a df (degree of freedom) value of 44, then the HO was rejected and Ha is accepted, so it can be concluded that there is an influence of the implementation of classes for pregnant women on increasing knowledge about the risks of pregnancy, childbirth and postpartum.

4. DISCUSSION

Mother's knowledge about the risks of pregnancy, childbirth and postpartum before carrying out classes for pregnant women.

Based on the research results of 45 respondents, the level of knowledge of pregnant women about the risks of pregnancy was in the poor category, namely 1022.2. In this research, the characteristics of respondents based on higher education were 34 respondents. Characteristics of respondents based on dominant age, 20-35 years old, were 36 respondents. Characteristics of respondents based on dominant parity, pregnancies with more than one parity and for gestational age, it was dominated by mothers whose gestational age was 12-24 weeks. According to Notoatmodjo 2014, knowledge is the result of knowing and this is after people sense certain objects. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears.

Implementation of Mother's Class Activities

Implementation of class activities for pregnant women at the Mata Kando village health post which includes functions and roles in the good category, 45 respondents 100 where the implementation of the class for pregnant women has been implemented and developed according to the provincial level, city, district, health center. Facilitators and resource persons in the good category are 45 respondents 100, where the facilitators and resource persons are midwives who have received training in classes for pregnant women, while the facilities and infrastructure are in the good category, 45 respondents. 100 facilities and infrastructure needed for the implementation of classes for pregnant women are available, including study rooms with a capacity of 10 to 15 participants with adequate ventilation and lighting, stationery, KIA books, sheets. Behind the class for pregnant women, implementation guide book pregnant women, facilitator's handbook, KB kit, food models, dolls, etc., carpet mats, pillows, chairs, exercise books for pregnant women.

Mother's knowledge about the risks of pregnancy, childbirth and postpartum after pregnancy.

Based on the research results, the knowledge of pregnant women about the risks of pregnancy, childbirth and the postpartum period at POSKESDES, Matakando sub-district,

after implementing the mother's class, there was an increase in mothers' knowledge about pregnancy by 73.3, compared to 26.7. Pregnant women's knowledge about childbirth, the respondent's answer at sufficient knowledge was 817.8. Knowledge of pregnant women was good at 82.2. Knowledge about postpartum had an answer value at a good level of 26.7 or 12 respondents out of a total of 45, while sufficient knowledge had a value of 55. .6 and knowledge in the less than 17.8 grouping or as many as 8 respondents who contributed in answering questions. After the implementation of the class for pregnant women at POSKESDES Matakando was carried out, it could be concluded that the average knowledge of pregnant women regarding the risk of pregnancy, childbirth and postpartum had decreased. enhancement.

The effect of implementing classes for pregnant women on increasing knowledge about the risks of pregnancy, childbirth and postpartum.

The minimum and maximum values before and after the implementation of the pregnant mother class have quite significant differences. This can be seen from the results of the Paired samples T-test which shows a value of p=0.00 (p<0.05), and when referring to the calculated t value, which is -9.036 when compared with the t table value at a confidence level of 95, Therefore, if the calculated t value is greater than t table then H0 is rejected and Ha is accepted so it can be concluded that there is an influence of the implementation of the pregnant mother class on increasing mothers' knowledge about the risks of pregnancy, childbirth and postpartum at the Matakando Village Health Post.

5. CONCLUSION

1. Mothers' knowledge about the risks of pregnancy, childbirth and postpartum before implementing the class for pregnant women, namely the risk of pregnancy in the good category was 5 respondents (11.1%), the risk in childbirth was in the good category 20 respondents (44.4%) while the risk in postpartum was in the good category 2 respondents (4.4%), this shows that the mother's knowledge before implementing the pregnant mother class was in the good category with an average of 20%. Average maternal knowledge about the risks of pregnancy (10.69%), childbirth (8.58%), postpartum (12.53%)
2. The process of implementing classes for pregnant women from the aspects of activities, functions and roles of facilitators and resource persons, facilities and infrastructure and stages of implementing classes for pregnant women has been carried out in accordance with SOP (Service Operational Standards).
3. The knowledge of pregnant women after implementing the mother's class showed quite significant results. Maternal knowledge about the risks of pregnancy is good 33 respondents (73.3%), maternal knowledge about the risks of childbirth is in the good category 37 respondents (82.2%) while maternal knowledge about the risks of childbirth is in the good category 12 respondents (26.7%), this shows that the knowledge of pregnant women after implementing the mother's class is in the good category with an average of 61%. Average maternal knowledge about the risks of pregnancy (17.27%), childbirth (15.22%), postpartum (18.20%).
4. Based on the statistical analysis test with univariate and bivariate results from the Paired samples T-test, it was found that the calculated t value was -9.035 compared to the t table value of 1.680 at the 95% confidence level, so H0 was rejected. Ha was accepted so it could be concluded that there was an influence on the implementation of classes for pregnant women towards increasing knowledge about the risks of pregnancy, childbirth and postpartum.

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