

The Influence of the Antenatal Class on Mother Behavior Recognize the Danger Signs of Pregnancy, Childbirth, and Childbed in the City of Surakarta

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Abstract

Knowing the danger sign is very important. Because if too late to recognize the danger signs will be late to reach health facilities and late to get service. These three late are the indirect causes of maternal death. One of the efforts to prevent it is to organize the Antenatal class. Antenatal class is expected to make pregnant women have the ability to recognize danger signs during pregnancy, childbirth and childbed so it can reduce maternal mortality and morbidity. The purpose of this study has been to analyze the influence of maternal class on mother's behavior (knowledge, attitude, and practice) in recognizing the danger signs of pregnancy, childbirth and childbed. Type of observational analytic study with retrospective cohort study design approach. Sampling has used cluster propotional random sampling with 41 mothers who have attended Antenatal class and 41 mothers who have not attended Antenatal class in Surakarta by 2016. Analysis has used multinomial logistic regression with a 0.05 significance level. The results of the analysis have shown that the Antenatal class influenced the knowledge with *p* value 0,023. Antenatal class did not affect the attitude with a value of *p* 0.509. Antenatal class have an effect on practice with *p* value 0,004. The conclusion is the influence of the Antenatal class on knowledge and skills in recognizing the danger signs of pregnancy, childbirth, and childbed. There is no influence of the Antenatal class on the attitude of recognizing the danger signs of pregnancy, childbirth, and childbed.

Keywords: antenatal class, behavior, danger signs of pregnancy childbirth and childbed

I. INTRODUCTION

Indonesia Demographic and Health Survey of 2012 mentions Maternal Mortality Rate (MMR) in Indonesia of 359 per 100,000 live births, an increase compared to the survey results 2007 of 228 per 100,000 live births. Central Java province has an MMR of 114 per 100,000 live births in 2012. Surakarta has an MMR of 52.26 per 100,000 live births in 2015. This figure is still below the target of Surakarta City's strategic plan of 50 per 100,000 live birth⁽³⁾. The cause of maternal death was dominated by bleeding and preeclampsia/ eclampsia⁽³⁾. Identifying early danger signs can prevent preeclampsia/eclampsia⁽¹⁵⁾. Knowing the danger signs is very important. Because if too late to recognize the danger signs will be late to reach health facilities and late to get service. Three late is the cause of indirect death of the mother⁽³⁾. Research at the Hospital Dr. Soetomo Surabaya in 2011-2013 mentioned that the most delay in causing maternal deaths was late detecting danger signs as much as 82.8%⁽¹⁴⁾. This is in line with case studies in Purworejo which showed that maternal deaths are caused by the inability of one of them recognize the danger signs of pregnancy when at home⁽⁴⁾. Surakarta City Health Office stated that one of the indirect causes of maternal mortality in Surakarta is three times late⁽³⁾. Efforts to prevent that one of them is held Antenatal class. This class is expected to make a pregnant woman can have the ability to recognize danger signs during pregnancy, childbirth and childbed so as to reduce maternal mortality and morbidity⁽³⁾. This class can increase interaction among participants so they will share experiences around pregnancy. This class can also increase the interaction between pregnant women with midwives or health workers about pregnancy including early recognition of danger signs of pregnancy, childbirth and childbed. Participants are expected to experience improvement in their understanding and ability in early detection of danger signals⁽⁷⁾.

II. METHOD

This research is an analytic observational with *retrospective cohort study* design approach. Sampling used cluster propotional random sampling with 41 mothers who attended antenatal class and 41 mothers who did not attend antenatal class in Surakarta in 2016. Data analysis used multinomial logistic regression with a significance level of 0.05.

III. RESULTS

Behavior that has been studied is consist of knowledge, attitudes, and skills. Each of these aspects have been differentiated levels ranging from low, medium, to high. The frequency distribution of the behavior is summarized in table 1.

Table 1 Distribution of the frequency of respondent behavior recognize the danger signs of pregnancy, childbirth, and childbed

Variable	Category	Frequency	Percentage
Knowledge	Low	11	13,42
	Medium	19	23,17
	High	52	63,41
	Total	82	100
Attitude	Low	1	1,22
	Medium	29	35,37
	High	52	63,41
	Total	82	100
Practice	Low	32	39,02
	Medium	36	43,91
	High	14	17,07
	Total	82	100

Table 1 shows that the majority of respondents (63.41%) have high knowledge and attitude about the signs of pregnancy, childbirth and childbed. The table also shows that the practice of most respondents in the medium category that is equal to 43.91% and low category that is equal to 39.02%.

Table 2. Distribution of respondents by antenatal class against the knowledge of the danger signs of pregnancy, childbirth, and childbed

Antenatal class	Knowledge						Total	
	Low		Medium		High		f	%
	f	%	f	%	f	%		
No	9	21,95	10	24,39	22	53,66	41	100
Yes	2	4,88	9	21,95	30	73,17	41	100
Total	11	13,41	19	23,17	52	63,41	82	100

Table 2 shows that respondents who attend the antenatal class have more high knowledge than those who do not attend the antenatal class. Respondents who did not attend the antenatal class have more low knowledge than respondents who attended the antenatal class.

Table 3. Distribution of respondents by antenatal class against the attitude of the danger signs of pregnancy, childbirth, and childbed

Antenatal Class	Attitude						Total	
	Low		Medium		High		f	%
	f	%	f	%	f	%		
No	0	0,00	18	43,90	23	56,10	41	100
Yes	1	2,44	11	26,83	29	70,73	41	100
Total	1	1,22	29	35,37	52	63,41	82	100

Table 3 shows that respondents who attend the antenatal class have more high attitude than those who do not attend the antenatal class. Respondents who did not attend the antenatal class have more medium attitude than respondents who attended the antenatal class.

Table 3. Distribution of respondents by antenatal class against the practice of the danger signs of pregnancy, childbirth, and childbed

Antenatal Class	Practice						Total	
	Low		Medium		High		f	%
	f	%	f	%	f	%		
No	23	56,10	16	39,02	2	4,88	41	100
Yes	9	21,95	20	48,78	12	29,27	41	100
Total	32	39,02	36	43,90	14	17,07	82	100

Table 4 shows that respondents who attend the antenatal class have more high practice than those who do not attend the antenatal class. Respondents who did not attend the antenatal class have more low practice than respondents who attended the antenatal class.

Analysis of the influence of antenatal class on maternal behavior recognizes the danger signs of pregnancy, childbirth, and childbed used multinomial logistic regression. The results of the analysis can be seen in table 5.

Table 5 The results of multinomial regression test of antenatal class on behavior recognizing the danger signs of pregnancy, childbirth, and childbed

Variable	P value	OR value
Knowledge	0,023*	11,917
Attitude	0,509	
Practice	0,004*	13,098

*Ket : * Significant*

Table 5 shows that the antenatal class affects knowledge with p value of 0.023 (p value <0.05). The value of the Odds Ratio of 11.917 indicates that the trend of antenatal class participants who are high knowledge is more nearly 12 times than those with low knowledge.

The table also shows that there is no influence of antenatal class on attitude with p value 0,509 (p value > 0,05). The table informs that the antenatal class affects practice with p value 0,004 (p value < 0,05). The value of the Odds Ratio of 13.098 indicates the trend of antenatal class participants who are high practice is more 13 times than those with low practice.

IV. DISCUSSION

The antenatal class is very important because it contains a lot of information about maternal and child health. The process of learning in the class of pregnant women is done in various methods and media tailored to the needs of the mother. Learning methods in this class is not just a lecture but by way of demonstration, giving pictures and videos, discussions and so on. This class not only builds the interaction between the facilitator and the participants, but also the interaction between the participants so as to create a different exchange of experiences. The material presented is not only from the facilitator but also involves the participants⁽⁷⁾. The involvement of these participants is indicated by the participants being asked to read the mother and child book, to be asked their opinion on a particular matter or case, and to be given an opportunity to answer other participants' questions or to discuss with other participants. The form of activities and interactions within the antenatal class allows the addition of information, especially about the danger signs to participants. Notoatmodjo (2007) states information including one that affects one's knowledge. The more information received the more knowledge obtained⁽⁹⁾. Learning methods in the antenatal class is not just a lecture but by way of demonstration, giving pictures and videos, discussions and so on⁽⁷⁾. Mother not only heard the theory but also could see pictures of examples of danger signs of pregnancy, childbirth, and childbed. This causes not only increased knowledge but also increased maternal practice.

Several studies have shown that maternal classes influence maternal knowledge and practice. Research Linarsih (2012) states there is a difference in knowledge and skills between before and after the antenatal class. Mothers experience increased knowledge and practice after attending this class⁽⁸⁾. Research in line with these results is a study conducted by Rahmawati (2015) which shows that the antenatal class affect mother's knowledge. Mothers who attend the antenatal class are better knowledgeable than mothers who do not attend this class⁽¹¹⁾. Good knowledge tends to display a good attitude. Mothers who already have knowledge about pregnancies that are at risk may be more alert to pregnancy problems. This alert attitude will encourage the mother's quick decision-making in seeking help when facing the problem especially the danger sign⁽⁴⁾. Research conducted at Medan Deli Community Center in 2015 proves that knowledge and attitude toward pregnancy harmonization related to the absence of action to detect pregnancy danger sign⁽¹⁾.

Certain actions or behaviors are not always influenced by knowledge and attitude. This is in accordance with that proposed by Notoatmodjo (2010) that not all behaviors follow a certain pattern⁽¹⁰⁾. Good behavior is not necessarily preceded by good knowledge and attitude. Research conducted by Setiyadi (2015) showed no significant relationship between attitudes with HIV / AIDS prevention behavior⁽¹²⁾. This study shows that there is no influence of the class of pregnant women on the attitude of recognizing the danger sign. Mom may know the danger sign but does not necessarily assume that it can actually be harmful to her and her baby. The opposite can happen, the mother responds well to the danger signs without knowing that it is indeed harmful to the mother and baby. This is likely to cause the class of pregnant women do not affect the attitude in this study. Another possibility, both mother who attended the antenatal class and not from the beginning already have a good attitude.

This result can be caused also because of the limitations of the research, this study only examines the attitude of the mother after attending the antenatal class but did not examine the attitude of the mother before attending this class.

These results are in line with research conducted by Kartikawati et al (2014) on the influence of mother toddler class on improving mother's knowledge, attitude, and practice. The study compared the behaviors before and after the class and compared them to the mother groups who did not attend this class. The results showed that both groups experienced improved attitudes but this increase was higher in the mother group that did not follow the mother toddler class⁽⁵⁾. This is different from the results of research Ariyani et al (2012). This study shows the effect of antenatal class on pregnant women's behavior (knowledge, attitudes, and practice) on pregnancy, childbirth, childbed, newborn, contraception, and labor preparation. The results of this study indicate the implementation of antenatal class to provide behavioral changes including a better attitude than antenatal care activities performed per individual⁽²⁾. Khafidzoh (2016) study also shows the relationship between antenatal class with maternal knowledge and attitudes⁽⁶⁾.

V. CONCLUSION AND SUGGESTION

The above description can be concluded that the antenatal class can influence the behavior of recognizing the signs of pregnancy, childbirth, and childbed especially on the domain of knowledge and practice. Therefore, it should prioritize high risk pregnant women to be asked to become pregnant class participants. In addition, it is necessary to increase antenatal class participants by organizing the class in the afternoon or on holiday so that more participants of antenatal class and allow their husbands/families to be able to accompany pregnant women.

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