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# Characteristics of Knowledge of Pregnant Women About Pregnancy Exercises in the Working Area of Sungai Bilu Health Center Banjarmasin

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**Abstract**

The purpose of this study was to determine the characteristics of pregnant women's knowledge about pregnancy exercise in the working area of Sungai Bilu Public Health Center. This study used a descriptive method with a population of all third trimester pregnant women who came to the Sungai Bilu Health Center from January to May. While the sampling technique in this study used the accidental sampling technique, namely all third trimester pregnant women who visited Sungai Bilu Health Center with a total of 30 respondents. The results of this study were that most of the respondents did not participate in pregnancy exercise activities, namely from 30 respondents who actively participated in pregnancy exercise activities as many as 10 people (30%) and who were not active as many as 20 people (70%) where respondents who had less knowledge were 11 people (36 ,7%), respondents who have sufficient knowledge are 14 people (46.7%) and respondents who have good knowledge are 5 people (16.6%). The conclusion of this study was that most of the respondents did not participate in pregnancy exercise because they did not know about the benefits and objectives of pregnancy exercise.

Keywords: Knowledge, Third Trimester Pregnant Women, Pregnancy Exercise

## Introduction

According to WHO, maternal death is the death of a woman during pregnancy. In labor or within 42 days of delivery with causes related or indirect to labour. WHO estimates that 585,000 women die every day from complications of pregnancy. Unsafe births and abortions due to unwanted pregnancies. Almost all of these deaths are preventable. WHO also reports that about 80% of maternal deaths are the result of increased complications during pregnancy, childbirth, and after childbirth.

The maternal mortality rate (MMR) in Indonesia is currently still the highest compared to the AKI in other ASEAN countries according to the IDHS. The maternal mortality rate per 100,000 live births in Indonesia reached 425. Meanwhile, in 2019/2020 the MMR was 307 per 100,000. decreased in 2020 to 228. Various efforts have been carried out to reduce MMR including the Safe

Matherhood program which has been implemented in Indonesia since 1988 with the involvement of various government sectors, non-governmental organizations and the community as well as with the support of various national agencies to reduce MMR. .

Pregnancy exercise is a fitness program intended for pregnant women, pregnancy exercise provides benefits for maintaining and improving the physical health of pregnant women, improving blood circulation, reducing complaints of cramps or aches in the legs, and preparing for breathing, muscle and pelvic activity to face the labor process. 2019).

Most of the main causes of maternal death are bleeding, infection, eclampsia, prolonged labor and complications of abortion and maternal death can be prevented as much as 80% through effective activities, such as antenatal care, providing adequate nutrition including pregnancy exercise and others.

The problem of pregnancy exercise has begun to receive public attention so that spiritual and physical health is further improved and pregnancy exercise can eliminate the fear of childbirth. Fear and lack of confidence in facing labor often suffer from pain when all the strength is needed to propel the fetus to birth, especially for women who are giving birth for the first time. With pregnancy exercises and exercises to coordinate all forces during childbirth, it is hoped that normally, not too afraid, will reduce pain and have confidence that remains stable. (Bandiyah, 2019).

Pregnancy exercise begins at 22 weeks of gestation, pregnancy exercise is intended for pregnant women without abnormalities or no diseases accompanying pregnancy, namely heart disease, kidney disease and complications in pregnancy (pregnancy with bleeding and pregnancy accompanied by anemia) (Kusmiyati, 2020 ).

The majority of these pregnant women did not attend pregnancy exercise classes at all due to lack of absorbing information, low education, and the ability to reflect on the information they had received, as well as their lack of experience doing pregnancy exercise. The explanation from the health worker is equipped with a leaflet or poster so that the provision of information is more interesting and the information can be received optimally.

Therefore, to increase interest in doing pregnancy exercise, it is necessary to provide continuous information and motivation by explaining to pregnant women the various benefits of pregnancy exercise for pregnancy and in the delivery process, thus pregnant women are expected to be more interested in pregnancy exercise.

Data from the Health Office of South Kalimantan Province targeted 78,537 pregnant women. Data from the City Health Office targeted pregnant women for Sungai Bilu Health Center was 204 people. Based on data from the Banjarmasin City Health Office, pregnant women who carry out K4 visits have not yet reached the target, which is 87.6% of the 90% of the targets to be achieved during 2021. Meanwhile, data from the PWS KIA register at Sungai Bilu Health Center pregnant women who carry out K4 visits are also still not yet reached, namely 135 people (66.1%) of the target.

Based on the preliminary study that the author conducted in the working area of the Sungai Bilu Health Center, Banjarmasin Tengah District, the number of pregnant women was 204 people. In the working area of the Sungai Bilu Health Center, each pregnancy exercise class is only attended by mothers with a third trimester of pregnancy with a total of 51 people, which are divided into 9 posyandu, of the 9 posyandu divided into 3 pregnancy exercise classes..

Table 1 Distribution of Pregnant Women's Gymnastics Groups in the Working Area of Sungai Bilu Community Health Center

| Class | Number of Pregnant Women in the Third Trimester | Active Pregnant Women Based on Targets | Inactivity Pregnant Women Based on Target | Amount |
|---|---|---|---|---|
| I | 19 | 10 (52,6%) | 9 (57,4%) | 100 % |
| II | 15 | 10 (66,6%) | 5 (33,4%) | 100% |
| III | 17 | 10 (58,6%) | 7 (41,4%) | 100% |

Source: (Profile of Sungai Bilu Health Center Banjarmasin 2021).

Based on the results of interviews with 10 pregnant women, data were obtained, namely 3 people (30%) of whom already knew pregnancy exercise, the benefits of pregnancy exercise and the purpose of pregnancy exercise, 2 people (20%) of whom only knew the meaning of pregnancy exercise, and 5 people (50 %) others who do not know about pregnancy exercise. Based on these data, the researchers are interested in conducting research on the description of the knowledge of pregnant women about pregnancy exercise in the working area of Sungai Bilu Health Center Banjarmasin.

The general purpose of this study was to describe the mother's knowledge about pregnancy exercise in the Sungai Bilu Community Health Center, Banjarmasin. The specific purpose is to describe the knowledge of pregnant women about the meaning, purpose of pregnancy exercise, the benefits of pregnancy exercise, and how to do pregnancy exercise.

## Method

This study uses a descriptive research survey method, which is a descriptive research method that is carried out on a set of objects that are usually quite a lot in a certain period of time. (Notoatmodjo, 2019). The research method intended here is to find out the description of pregnant women's knowledge about pregnant exercise at Sungai Bilu Health Center Banjarmasin. While the sampling technique in this study used the accidental sampling technique, namely all third trimester pregnant women who visited Sungai Bilu Health Center with a total of 30 respondents..

## Result

### Overview of Research Sites

Sungai Bilu Community Health Center is located in the East Banjarmasin District and oversees one sub-district, namely Sungai Bilu sub-district with the following regional boundaries:

1. North side: North Banjarmasin District and Pengambangan Village
2. East side: Pengambangan Village
3. South side: Kuripan Village
4. West side: Kampung Melayu Village

The working area of Sungai Bilu Health Center is 43.5 ha. The total population in the working area of the Sungai Bilu Health Center is 10,432 people or 2,830 families. In the last 10 years period, population growth in the working area of Sungai Bilu Health Center continues to increase along with very rapid development so that population density also increases. In addition to increasing population density, the distribution and distribution of the population has also begun to spread evenly.

The socio-cultural life of the community in the working area of the Sungai Bilu Health Center is influenced by the banjar culture. This is because the majority of the population is Banjarese. The life of the people is religious with the religion of Islam. The daily language used is mostly Banjar because the largest

ethnic group is the Banjar tribe, in addition there are also Javanese, Madurese, and Bugis. This homogeneous life is very helpful in the fluency of information, namely by using the Banjarese language.

**Health workers**

Table 2 Types and Number of Health Workers at Sungai Bilu Health Center Banjarmasin

| No | Type of Personnel | Number of Officers |
|---|---|---|
| 1 | General practitioners | 3 |
| 2 | Dentist | 1 |
| 3 | Bachelor of Public Health | 1 |
| 4 | Nurse | 3 |
| 5 | Dentist | 1 |
| 6 | Midwife | 5 |
| 7 | Nutritionist | 1 |
| 8 | Pharmacist | 2 |
| 9 | Analyst | 1 |
| 10 | Kesling | 3 |
| 11 | Accountant | 1 |
| 12 | SPK | 1 |
| 13 | SPRG | 1 |
| 14 | SPR | 1 |
| 15 | SPPM | 1 |
| 16 | General TKS | 2 |
| 17 | Cleaning Service | 1 |
| Jumlah | | 30 |

Source: Secondary Data

**Respondent characteristics**

**1. Age**

Table 3. Frequency Distribution of Respondents by Age and Knowledge Level at Sumgai Bilu Public Health Center

| No | Age | Knowledge | | | | | | Amount | |
|---|---|---|---|---|---|---|---|---|---|
| | | Good | | Enough | | Less | | | |
| | | N | % | N | % | n | % | N | % |
| 1 | <20 years | 2 | 6,6 | 0 | 0 | 1 | 3,3 | 3 | 10 |
| 2 | 20 – 30 years | 4 | 13,3 | 4 | 13,3 | 7 | 23,3 | 15 | 50 |
| 3 | > 30 years | 4 | 13,3 | 2 | 6,6 | 6 | 20 | 12 | 40 |
| Amount | | 10 | 33,2 | 6 | 19,9 | 14 | 46,6 | 30 | 100 |

Source: Recapitulation of research results

Based on table 3 above, it can be explained that from 30 respondents aged 20-30 years who have less knowledge as many as 7 people (23.3)%

Table 4 Distribution of Respondents Frequency Based on education and level of knowledge at Sumgai Bilu Public Health Center

| No | Level of Education | Knowledge | | | | | | Amount | |
|---|---|---|---|---|---|---|---|---|---|
| | | Good | | Enough | | Less | | | |
| | | n | % | N | % | n | % | N | % |
| 1 | Base | 0 | 0 | 2 | 6,6 | 7 | 23,3 | 9 | 30 |
| 2 | Intermediate | 5 | 16,6 | 9 | 30 | 5 | 16,6 | 19 | 63,3 |
| 3 | Tall | 2 | 6,6 | 0 | 0 | 0 | 0 | 2 | 6,6 |
| Amount | | 7 | 23,2 | 11 | 36,6 | 12 | 39,9 | 30 | 100 |

Source: Primary Data

Based on table 4, it can be explained that of the 30 respondents with primary and secondary education, there are 12 respondents (39.9%) who have less education.

Table 5. Frequency distribution of respondents based on knowledge at Sungai Bilu Health Center Banjarmasin

| No | Level Knowledge | n | % |
|---|---|---|---|
| 1 | Well | 5 | 16,7 |
| 2 | Enough | 14 | 46,7 |
| 3 | Not enough | 11 | 36,6 |
| Amount | | 30 | 100 |

Source: Primary Data

Based on table 5, most of the respondents have a good level of knowledge as many as 5 people (16.6%), 14 people (46.6%) are enough and 11 people (36.6%) less at the Sungai Bilu Health Center.

Table 6. Frequency distribution of respondents based on pregnant women who take part in pregnancy exercise

| No | Active | Frequency | % |
|---|---|---|---|
| 1 | Yes | 10 | 30 |
| 2 | No | 20 | 70 |
| | Amountt | 30 | 100 |

Source: Primary Data

Based on table 6 above, it can be seen that of the 30 respondents who actively participated in pregnancy exercise, 10 (33.3%) were pregnant while the number of respondents who had never done pregnancy exercise was 20 (70%).

**Discussion**

Based on table 3, it can be explained that of the 30 respondents aged 20-30 years and those aged >30 years who have less knowledge as many as 13 people (43.3%). Mothers aged < 20 years because their reproductive organs are not ready to accept pregnancy, it is necessary to delay pregnancy. Mothers who are pregnant with age > 35 years are at risk because their reproductive organs have reduced their ability and elasticity to accept pregnancy and the delivery process. The results of this study showed that 13 pregnant women aged 20-30 years and > 30 years did not guarantee that the mothers had good knowledge. This is due to the lack of awareness of the mother about the importance of doing pregnancy exercise, and the busy factor that causes the mother to not be able to take part in pregnancy exercise.

**Level of education**

Based on table 4, it can be explained that of the 30 respondents with elementary and secondary education, there are 12 respondents (39.9%) who have less education. According to Law no. 20 of 2003, education is a conscious and planned effort to create a learning atmosphere and learning process so that students actively develop their potential to have spiritual, religious, self-control, personality, intelligence, noble character, and skills needed by themselves, society, nation and state.

There are more respondents with basic education than secondary education, due to the low level of the economy so that people cannot afford to continue their education to a higher level. The community also believes that women are housewives and husbands are the ones who make a living in the family so there is no need for higher education.

The respondents' low education resulted in their ignorance about pregnancy exercise such as the benefits and objectives of the pregnancy exercise. With high education, it is hoped that mothers will be able to absorb and receive information about pregnancy exercise, so that mothers have awareness that the importance of pregnancy exercise is to help mothers go to normal delivery.

**Knowledge level**

Knowledge is the result of knowing and this occurs after people perceive objects through the five human senses, namely: sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2019).

From the results of the research that I got from 30 pregnant women, only 10 people (33.33%) did pregnancy exercise this was due to the lack of knowledge of the mother about the benefits of pregnant exercise. Based on the results of the study that respondents who have good knowledge are 5 (16.6%) respondents, and those who have sufficient knowledge are 14 (46.6%) respondents, and most respondents have less knowledge as many as 11 (36.6%) respondents. .

Lack of knowledge of mothers about the benefits of pregnancy exercise is also influenced by several factors, namely the lack of counseling and cultural factors, resulting in the ignorance of pregnant women about pregnancy exercise.

Mothers who are sufficiently knowledgeable do not guarantee to do pregnancy exercise, it can be concluded that in addition to matters relating to knowledge about pregnancy exercise, technical or physical factors in someone who does not meet the criteria for doing pregnancy exercise, family environmental

factors even some pregnant women do not consider it important about pregnancy exercise. pregnancy exercise and there is a sense of concern about the effect on her pregnancy.

Knowledge is a factor that influences health behavior, good knowledge is believed to be able to support a person to take certain actions. In this case, it means that the more pregnant women who know about pregnancy exercise and its benefits, the more pregnant women who do pregnancy exercise.

**Summary**

The education level of the respondents is mostly Elementary Education (SD) 9 respondents (30%), Middle School as many as 7 respondents (23.3%), Secondary Education (SMA) as many as 11 respondents (36.6%) and Higher Education (PT ) as many as 3 respondents (10%). Most of the respondents had sufficient knowledge about pregnancy exercise, as many as 14 respondents (46.6%), less knowledge about pregnancy exercise, as many as 11 respondents (36.6%), good knowledge about pregnancy exercise as many as 5 respondents (16.6%) .

**Bibliography**

Bandiyah, siti. 2019. *Kehamilan, persalinan dan gangguan kehamilan*. Yogyakarta : Nuha Medika

Brayshaw, eillen. 2019.*senam hamil dan nifas*. Jakarta : EGC

Hidayat Alimul, Azis. 2019. *Metode Penelitian Kebidanan dan Teknik Analisa Data.* Jakarta : Penerbit Salemba Medika

Kusmiyati, Yuni, dkk.2020. *perawatan ibu hamil*. Yogyakarta : fitramaya

Mufdilah. 2019. *Panduan asuhan kebidanan ibu hamil*. Yogyakarta : Nuha Medika

Muhimah, Nanik, dkk. 2020. *Panduan lengkap senam sehat khusus ibu hamil.* Yogyakarta : power book

Nursalam, 2019. *Konsep dan penerapan metodelogi penelitian ilmu keperawatan*. Jakarta : salemba

Notoadmodjo S. 2019. *Metodologi Penelitian Kesehatan.* Jakarta : Rineka Cipta.

Notoadmodjo S. 2019. *Metodologi Penelitian Kesehatan.* Jakarta : Rineka Cipta.

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Sarwono, Solita. 2019. *Kehamilan Norma*l. Jakarta : gajah mada university pres

Sudijono, Anas. 2020. *Pengantar statistik pendidikan*. Jakarta : Rajawali pers