

The Regularity of Antenatal Care through Knowledge of Pregnant Women and Support from Husbands

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Abstract

Pregnant women's knowledge and husband's support are factors that influence antenatal care regularity. This study aims to analyze the effect of knowledge of pregnant women and husband's support on antenatal care regularity. This study a cross-sectional design and was conducted on 38 pregnant women as respondents using linear regression statistical tests. The result showed that there was an effect of knowledge of pregnant women and the husband's support on the regularity of antenatal care. The better the knowledge of pregnant women about their pregnancy and the higher the support of their husbands will have an impact on the regularity of antenatal care. The implication of this research is for midwives who are at the forefront of empowering cadres and providing health education to pregnant women and husbands about the importance of regular antenatal care. Also, midwives need to improve competence through midwifery training efforts.

Keywords: *knowledge, husband's support, antenatal care, pregnant women*

Introduction

Antenatal care is a health service by professionals for pregnant women during their pregnancy which is carried out in accordance with established antenatal service standards.¹ Antenatal care is an important way to monitor and support the health of pregnant women. It is advisable to visit a midwife or doctor as early as possible so that early detection of risk factors for pregnancy can be carried out. According to the World Health Organization (WHO), antenatal care during pregnancy to detect early on the occurrence of high risks to pregnancy and childbirth can also reduce maternal mortality and monitor the condition of the fetus. Visit for pregnant women to health services are recommended once in the first trimester, 1 time in the second trimester,

and at least 2 times in the third trimester.² The indicators used to assess maternal health services during pregnancy are K1 and K4. Saipudin explained that antenatal care is said to be regular if pregnant women do antenatal care >4 visits, less regular if two to 3 visits, and irregular if pregnant women only do antenatal care less than 2 visits.³

In Indonesia, the importance of antenatal care visits has not become a top priority for some pregnant women regarding their pregnancy. The result of basic health research (Riskesdas) conducted by the ministry of health shows that data on antenatal care coverage in Indonesia during the last 3 years in 2013-2015, namely in 2013 amounted to 92,7% and in 2015 amounts to 95,2%. The first antenatal care coverage in the first trimester during the last 3 years in 2013-2015 namely in 2013 amounted to 72,3% and 2015 amounts to 81,3% K4 coverage during the last 3 years period in 2013-2015, namely 2013 amounting to 61,4% and 2015 amounting to 70,0%.⁴

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Several researchers have conducted research to determine the factors that can affect maternal Antenatal care visits during pregnancy.⁵ Factors that influence a person’s behavior in utilizing health services based on the theory of Lawrence W. Green⁶are derived from behavioral factors and factors outside of behavior (non-behavior causes). Meanwhile, the division according to the concept and behavior of a person as suggested by Green includes predisposition factors, enabling factors, and reinforcing factors. Predisposing factors include age, level of education, employment status, parity of pregnant women, pregnancy distance, knowledge of pregnant women, and attitudes of pregnant women. Meanwhile, the enabling factors are the distance of residence, family income, and information media. Strengthening factors include husbands’ support, family support, and health worker factors. In line with it explains that maternal knowledge is a problem that often arises and results in low antenatal care coverage.⁷Not only knowledge, research conducted , states that husband support is a very influential factor in decision making, including antenatal care.⁸

This study focuses more on the factors of knowledge of pregnant women and husband’s support for regular antenatal care visits, that pregnant women miss antenatal

care visits during their pregnancy. The purpose of this study was to analyze the effect of knowledge of pregnant women and husband’s support on the regularity of antenatal care visits.

Methods

Type and design

This study is analytical research with a cross-sectional design. This study to know the effect of the regularity of antenatal care through knowledge of pregnant women and support from husband’s.

Population and sample

The population of all pregnant women at Waru Health Care Centre of Pamekasan District with 38 respondent pregnant women with a proportional random sampling technique. This study has inclusion criteria, namely only third-trimester pregnant women or gestational age >32 weeks and willing to be respondents who will be sampled.

Results

The result of the study of research that has been conducted with 38 respondents of pregnant women is as follows.

Tabel 1. Characteristics of Pregnant Women at Waru Health Care Center of Pamekasan District

No.	Characteristics	Frequency	Percentage
1.	Age		
	17 – 25 years	15	39,5
	26 – 35 years	17	44,7
2.	36 – 45 years	6	15,8
	Gravida		
	Primi	12	31,6
3.	Multi	20	52,6
	Grandemulti	6	15,8
	Education Level	2	5,3
4.	Elementary School	15	39,5
	Junior High School	12	31,6
	Senior High School	9	23,7
	Academy/Univesity	0	0,0
4.	Mother’s Job		
	House wife	26	68,4
	Civil worker	0	0,0
	Private Sector Worker	5	13,2
	Entrepreneur	1	2,6
	Etc (Farmers)	6	15,8

Based on the characteristics of pregnant women 26-35 years old and multigravida with 1-2 children still living and having an educational background, pregnant women are primary school and work as housewives.

Tabel 2. Knowledge Women's and Antenatal Care (ANC) visits at Waru Health Care Center of Pamekasan District

No.	Knowledge of Pregnant Women's	Antenatal Care (ANC) visits				Total	
		Irregular		Regular		Frequency	Percentage
		Frequency	Percentage	Frequency	Percentage		
1.	Low	15	100,0	0	0,0	15	100,0
2.	Average	1	7,7	12	92,3	13	100,0
3.	High	0	0,0	10	100,0	10	100,0
	Total	16	42,1	22	57,9	38	100,0

Based on the knowledge of pregnant women and pregnancy check-ups for pregnant women in Table 2. It shows that many pregnant women who have low knowledge do not regularly perform antenatal care. Based on the knowledge of pregnant women and pregnancy check-ups for pregnant women in Table 2. It shows that many pregnant women who have low knowledge

do not regularly perform antenatal care. Roger's (1974) in Notoadmodjo. Soekidjo (2003), a theoretical review states that knowledge is a very important domain for shaping one's action. Burhaeni S (2013) in her scientific work, explained that the aspect of knowledge is very important for the use of Antenatal Care (ANC).

Tabel 3. Husband's Support and Antenatal Care (ANC) visits at Waru Health Care Center of Pamekasan District

No.	Husband's Support	Antenatal Care (ANC) visits				Total	
		Irregular		Regular		Frequency	Percentage
		Frequency	Percentage	Frequency	Percentage		
1.	Not support	17	73,9	6	26,2	23	100,0
2.	Support	5	33,3	10	66,7	15	100,0
	Total	22	57,9	16	42,1	38	100,0

Based on the regularity of visits to antenatal care with the support of husbands and antenatal care in Tabel 3, it is known that the husband's support affects the regularity of pregnancy examinations for pregnant women.

Tabel 4. Linear regression knowledge pregnant women and husband's support for Antenatal Care (ANC) visits at Waru Health Care Center of Pamekasan District

No.	Variable	B	B	P
1.	Knowledge pregnant women	0,071	0,325	0,030
2.	Husband's support	0,067	0,596	0,000

Based on the result of linear regression in Table 4, knowledge of pregnant women and husband's support affect the regularity of antenatal care visits with a p-value of 0,030 for knowledge pregnant women and a p-value of 0,000 for husband's support.

Discussion

Antenatal Care (ANC) needs to be done because it has benefits to improve maternal health during pregnancy and childbirth. Knowledge of pregnant women regarding Antenatal Care (ANC) is still lacking. The reason for the lack of knowledge of pregnant women about Antenatal Care (ANC) at Waru Health Center Care of Pamekasan District has an educational background, namely elementary school graduates (Table 1). The theoretical review explains that highly educated people will give a more rational response to the information that comes, will think to what extent they will benefit from the idea. So, it's undeniable, the higher a person's education, the easier they will receive information so that in the end a lot of knowledge they have. It's necessary to increase the knowledge of pregnant women about Antenatal Care (ANC) and risk in pregnancy to maintain a healthy pregnancy. If a risk is found, it will be detected early for immediate treatment. This research shows, If pregnant women are based on a good knowledge of health, then that pregnant woman will understand about maintaining health and have the motivation to apply good health patterns in life. According to the results of this study, which shows the higher the knowledge of pregnant women, the more regular they are in carrying

out Antenatal Care (ANC). There is another factor, the husband's support is important in implementing Antenatal Care (ANC). Tabel 3. Show that the more the husband is supportive, the more regularly he implements Antenatal Care (ANC). This research shows that the husband's support is important in Antenatal Care (ANC) for pregnant women. Pregnant women feel comfortable and safe if their husbands.

Husband's support is not only limited to taking women to health services to check their pregnancy. According to Friedman⁹ there are four criteria for the support that needs to be provided by a husband, namely informational support, assessment/appreciation support, instrumental support, and emotional support. Examples of informational support are the husband gives information about the danger signs in pregnancy or the husband encourages his wife to read a book KIA. Support ratings/awards such as the husband are always asking for an explanation of examination results to the midwife. Instrumental support as husband preparing vitamin or milk for pregnant women. And emotional support as the husband soothe worried mother before delivery.

Her husband's non-support for Antenatal Care (ANC) visits was explained in a study conducted by Evayanti¹⁰ because the husband didn't know the purpose, benefits, and time of the ANC so that antenatal care visits became irregular. Low husband's knowledge is manifested in the actions of the husband doesn't provide

motivation to the mother to conduct regular Antenatal Care (ANC) visits by not sending the mother to do Antenatal Care (ANS), don't look for information on the benefits of Antenatal Care (ANC), not give praise if you make regular visits. Emotionally, a husband supporting a pregnant woman will motivate the mother to go for Antenatal Care (ANC). The same study, states that family support, especially husband, plays an important role in realizing positive things and regular Antenatal Care (ANC) visits. Increased education for husbands so that the need for pregnant women to carry out Antenatal Care (ANC) visits properly and completely will be achieved.¹¹

Research Dinarohmayanti, Keintjem, and Losu, (2014) support this study which states that the support and role of family/husband during pregnancy can increase the readiness of pregnant women in the face of pregnancy and childbirth. The husband's involvement during pregnancy will support the health of the mother and the baby to be born, also prevent the risks of unwanted risks. Pregnant women who receive support from the family and are followed by family income and parity will determine the caregivers during pregnancy. Thus, not only the two research variables were tested for their influence, but there were other factors such as income and parity for further research.¹²

Knowledge of pregnant women can be increased by providing information through various information media that can be accepted by the community (pamphlets or leaflets). Agus and Horiuchi,¹³ explain in their findings that education is one of the factors influencing Antenatal Care (ANC) services for pregnant women. Research provides an explanation of the implementation of health education through counseling is one appropriate solution to increase the knowledge of pregnant women, so as to optimize the examination of pregnancy to health workers.¹⁴ Through the Pregnant Mothers Class Program, pregnant women can come face to face to study together, with the aim of increasing their knowledge and skills about Antenatal Care (ANC). Researcher, revealed that knowledge of pregnant women can be increased by empowering cadres. Health cadres

are people who are known and part of the community, so it can easily provide information to pregnant women about the importance of Antenatal Care (ANC) visits, pregnancy until breastfeeding and pregnant women can receive information about it.¹⁵

The role of the midwife is important in increasing the husband's knowledge and support so that Antenatal Care (ANC) visits become regular. Midwives must also have the ability to communicate interactively with pregnant women and husbands during the Antenatal Care (ANC) service process. Research by Ernawati¹⁶, states that poor communication skills of midwives with pregnant women with low educational backgrounds are one of the factors for low maternal visits. Therefore, training or improvement efforts to enhance the communication skills of midwives are needed.

Conclusion

Pregnant women's knowledge and husband's support are proven to have a significant effect on the regularity of antenatal care visits at Waru Health Care Center of Pamekasan. The implication of this research is to prioritize midwives and health workers at Waru Health Care Center of Pamekasan to promote health by providing health education about the importance of antenatal care (ANC) which is not only for pregnant women but for husbands. Midwives can empower cadres to collaborate. Midwives as front liners in reducing maternal mortality should improve competence through training, one of which is midwifery training to achieve good standards and status of maternal and child health

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