

# Relationship between Knowledge and Family Support with pregnant women's Antenatal Care (ANC) Compliance

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## ARTICLE INFO

## ABSTRACT

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One indicator of the success of maternal health efforts is the Maternal Mortality Rate (MMR). Indonesia is still far from the SDG target of 305 per 100,000 live births, is in 2030. Antenatal care can help to reduce the high risk of maternal death during pregnancy. The ideal K1 and K4 indicators, which refer to the frequency and trimester during which ANC is performed, indicated that health checks should continue during pregnancy. Busyness, knowledge, attitude, low socioeconomic level, lack of husband's support, lack of maternal services facilities, poor medical care, and lack of trained personnel are all factors that makes pregnant women less motivated to do antenatal care. The study was conducted In June - July 2021, 32 pregnant women have been used as samples in this study. The research is descriptive with a cross-sectional design. The chi square statistic is being used in the study. It was discovered that maternal knowledge and antenatal care adherence have a significant relationship, Statistical results show P-value is 0.002. Additionally, there is a relationship between family support and antenatal care compliance. P-value is 0.000 is statistical result

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## 1. Introduction

Maternal mortality rate (MMR) is one indicator to see the success of maternal health efforts. Maternal mortality rate is the ratio of maternal deaths during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth and the postpartum period or its management but not due to other causes such as accidents or incidents in every 100,000 live births. According to WHO (2017) maternal mortality rate (MMR) is caused by bleeding, infection and high blood pressure during pregnancy. Indirect causes of maternal death such as: low nutritional status of pregnant women with anemia (51%) and "4 too" (60.6%), namely: too young, too old, too often and too much and too late, namely: too late to recognize signs danger and making decisions, being late in reaching a health facility and being late in getting help at a health facility. The SDG'S target in 2030 is 70 per 100,000 live births, Indonesia is still far from the target of 305 per 100,000 live births. (Andini, 2020). The high risk of maternal death during pregnancy can be anticipated by performing antenatal care (ANC). ANC or antenatal care is care given to mothers during pregnancy on a regular basis. Based on program policies from the government, anc visits to pregnant women were originally at least 4 times during pregnancy, but now according to the 2020 KIA book, it is at least 6 times during pregnancy, namely 2 times in the first trimester (pregnancy up to 12 weeks), 1 time in the third trimester. Second (pregnancy 12 weeks to 24 weeks), 3 times in the third trimester (pregnancy above 24 weeks to 40 weeks) (Kemenkes RI, 2020).

Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of k1 and k4. The ideal K1 and K4 indicators in 2013 which refer to the frequency and period of the trimester when anc is performed indicate the continuity of health checks during pregnancy. Every pregnant woman who receives anc in the 1st trimester (ideal K1) should receive continuous maternal care from the 1st trimester to the 3rd trimester. This can be seen from the K4 ANC indicator. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health workers, compared to the target number of pregnant women in one work area within one year. Meanwhile, K4 coverage is the number of pregnant women who have received antenatal care in accordance with the standard at least four times according to the recommended schedule in each

trimester, compared to the target number of pregnant women in one work area within one year. These indicators show access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies to health workers (Indonesian Health Profile, 2020). The coverage of health services for K4 pregnant women in Indonesia is 90%, Riau province is 82.6%, still far from the target. Several factors cause pregnant women to be less motivated to perform antenatal care, namely: busyness, knowledge, attitude, low socioeconomic level, lack of husband support, lack of facilities for maternal services, poor medical care, lack of trained personnel (Prawiroharjo, 2016).

The level of knowledge affects health attitudes, namely matters relating to a person's behavior or activities in choosing and improving health. Knowledge of the regularity of prenatal care is important for pregnant women to know so that it is possible to immediately determine their attitude. Knowledge about pregnancy can be obtained through counseling about pregnancy such as changes related to pregnancy, growth and development of the fetus in the womb, self-care during pregnancy and danger signs that need to be watched out for. With this knowledge, it is hoped that the mother will be strongly motivated to take care of herself and her pregnancy by obeying the advice given by the pregnancy examiner, so that the mother can pass her pregnancy well and produce healthy babies (Rustami, 2012). Pregnancy care prioritizes continuity of care, it is very important for women to get services from the same professional or from a team of professionals, because then the development of their condition will be monitored properly at any time and they will become more trusting and open because feel familiar with the caregiver. Support during pregnancy is needed for a woman who is pregnant, especially from those closest to her. A woman will feel calm and comfortable with the support and attention of those closest to her. The family must be a part in preparing the couple to become parents. In the implementation of Antenatal Care, mothers will be more organized if they receive great support from their families. In this case, the support from husband, family and community has a big influence on the success of ANC. The family is the smallest unit of society consisting of two or more people with kinship or blood ties, living in one household, interacting with one culture. So it can be said that one of the solution concepts to increase pregnancy visits is to involve families, especially husbands, in providing support so that pregnant women can comply with pregnancy visits. Based on the background and phenomena above, the researchers conducted a study entitled "Relationship of Knowledge and Husband's Support to the Compliance of Antenatal Care Examinations in Pregnant Women in 2021 "

## **2. Research Methods**

### **2.1 Research Design**

The type of research used is descriptive analytic, which is to determine the relationship between knowledge and family support of pregnant women with compliance with ANC visits (Antenatal Care), with a cross sectional design where the independent and dependent variables are taken at the same time. The research was carried out in June – July 2021

### **2.2 Population and Sample**

The population refers to the entire research subject or the topic of study that has certain characteristics or attributes. All 32 pregnant women included in this study. A sample of all pregnant women were collected (total sampling).

### **2.3 Data Collection Techniques and Instrument Development**

All tools used to collect, examine, investigate a problem or collect, process, analyze, and present data systematically and objectively with the aim of solving a problem or testing a hypothesis are known to as research instruments. A questionnaire containing questions and observation sheets was used in this study as the instrument.

### **2.4 Analysis Techniques**

#### **a. Knowledge**

Mother's knowledge of under-five nutrition was carried out using direct interviews with respondents through 20 questionnaire questions, the correct answer score was 1 (one) and the wrong score was 0 (zero), which was added up from all questionnaires. This study analyzed the data by: Univariate and Bivariate analysis.

#### **b. Family Support**

Family support data were collected from interviews with respondents. Then the results were categorized into 2, namely:

Ada (Yes) and Tidak (No)

#### **c. Pregnant Women's Antenatal Care (ANC) Compliance**

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Pregnant Women's Antenatal Care Compliance measured using the Maternal and Child Health (KIA) book, regularly scored was 1 (one) and irregular was scored 0 (zero), which was added up from all questionnaires. This study analyzed the data by: Univariate and Bivariate analysis

### 3. Results and Analysis

**Table 1**  
Knowledge

Level of Knowledge	Responden	
	f	%
High	20	62.5
Lower	12	37.5
<b>Total</b>	<b>64</b>	<b>100</b>

Based on above it is known that the knowledge of the most respondents is good, as many as 20 respondents (62.5%)

**Table 2**  
Family support

Family Support	Responden	
	f	%
Yes	16	50
No	16	50
<b>Total</b>	<b>32</b>	<b>100</b>

According to table above it is known that family support of most respondents has family support, which is 16 responden (50%) and don't get family support is 16 responden (50%).

**Table 3.**

Pregnant women's antenatal care (anc) compliance  
Responden

Antenatal Care Compliance	Responden	
	f	%
Compliance	19	59.4
No Compliance	13	40.6
<b>Total</b>	<b>32</b>	<b>100</b>

According to table above it is known that the antenatal care compliance as many as 19 responden (59.4%) and those who not compliance as many as 13 responden (40.6%).

#### 3.1 Analysis

**Table 5.**

Relationship between knowledge and antenatal care compliance

Knowledge	Antenatal Care Compliance				Total		P (value)
	Compliance		No Compliance		f	%	
	f	%	f	%			
High	15	78.9	5	38.5	20	62,5	0.030
Lower	4	21.1	8	61.5	12	27.5	
<b>Total</b>	<b>19</b>	<b>100</b>	<b>13</b>	<b>100</b>	<b>32</b>	<b>100</b>	

Based on the table above it is known that it is known that respondents' knowledge is good and obedient to ANC visits is 78.9% of respondents, less than 38.5% of non-compliant. Respondents' knowledge is low and obedient to ANC visits is 21.1% lower than non-compliant as much as 61.5%. The results of the analysis showed that the P value was 0.030, which means that the P value <0.05, it means that there is a significant relationship between knowledge of pregnant women and compliance with ANC (Antenatal Care) visits. If someone is based on good knowledge about health, then that person will understand the importance of maintaining health and motivate it to be applied in life. Pregnant women who have good knowledge about health during pregnancy will be motivated to carry out fetal examinations, this is done in order to prevent low birth weight (LBW) when the baby is born. So that

pregnant women will maintain their pregnancy by doing regular antenatal care. This is in accordance with the theory proposed by Green (2000) that the factors causing health problems are behavioral and non-behavioral factors. Behavioral factors are influenced by 3 factors. One of them is predisposing factors, namely factors that are manifested in knowledge, beliefs, values and also demographic variations. This factor is more internal in nature. Knowledge is a very important domain the formation of a person's actions. Mother's knowledge is related to the use of antenatal examinations and this is also influenced by the education obtained. Respondents with good knowledge will quickly receive good information, especially those related to the importance of antenatal checks, so they are motivated to take advantage of available antenatal services in their area. From the results of multivariate analysis, knowledge is also the most dominant variable related to the use of antenatal services for pregnant women.

**Table 6.**  
Relationship Between Family Support And Antenatal Care Compliance

Family Support	Antenatal Care Compliance		Total		P (value)
	f	%	f	%	
Yes	15	78.9	1	7.7	0.000
No	4	21.1	12	92.3	
<b>Total</b>	<b>19</b>	<b>100</b>	<b>13</b>	<b>100</b>	

According to the table above known that respondents who have family support and antenatal care compliance there are 15 respondents (78.9%) and 1 person with antenatal care no compliance (7.7%). The test results with Chi Square show the p-value = 0.000 There is a significant relationship between husband's support and the use of antenatal care (p value =0.000). Husband's support is an encouragement, motivation for his wife, both morally and materially. Husband's support is something the husband does in response to his wife's pregnancy which can cause inner peace and feelings of pleasure in the wife. Husband's support can be realized in the form of emotional, instrumental, informational and assessment support. Cohen (2011), reveals the forms of social support or husband's support as the closest person to the wife, namely emotional support, informational support, assessment support and instrumental support. Husband's support can serve as a preventive strategy to reduce stress and its negative consequences. the lack of husband's support for pregnant women due to lack of awareness of the importance of health and also due to lack of awareness about the importance of checking the health of the mother and fetus, as well as the influence of parents or in-laws who are not supportive. According to researchers, emotional support from husbands to wives who are pregnant is very important because giving emotional support to pregnant women will make pregnant women feel comfortable, feel cared for, and reduce the anxiety they feel related to pregnancy. The husband's emotional support for pregnant women will also encourage the mother that she is a person who deserves to be loved, cherished, who will give offspring and children who are eagerly awaited. Husbands who provide good emotional support, know when or when to schedule ANC visits to health workers, husbands must also remind them to take breaks to make the right time for ANC visits, for example a day or 2 days before the scheduled visit. Husbands also care about pregnancy care so that pregnant women feel cared for by their husbands.

#### 4. Conclusion

- It is known that there are 20 respondents (62.5%) have a high knowledge.
- It is known that respondents who have a family support 16 responden (50%)
- It is known that there are 19 respondents (59.4%) compliance do antenatal care .
- It is known that there is a significant relationship between maternal knowledge and adherence to antenatal care. Statistical results show p-value = 0.030
- It is known that there is a significant relationship between family support and adherence to ante-natal care. Statistical results show p-value = 0.000

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