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THE EFFECT OF HUSBAND'S KNOWLEDGE AND SUPPORT ON COMPLETE VISIT FOR PREGNANT MOTHERS AT SITIUNG HEALTH CENTER 1

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ABSTRACT

The government has made various efforts to reduce the MMR, one of which is through routine examinations of pregnant women. Visits of pregnant women have increased every year. However, the decline occurred in 2020, from 88.54% in 2019 to 84.6% in 2020. The province of West Sumatra itself is still low in terms of K4 visits, namely the Province with the 23rd order of 34 provinces in Indonesia by reaching K4 72.8% in 2020. This research method uses an analytical survey using a Cross Sectional approach. This research was conducted in the working area of the Sitiung 1 Public Health Center, Dharmasraya Regency in April-May 2021. The population in this study was 102 pregnant women and the sample was taken using a purposive sampling technique using the slovin formula. So that the sample in this study was 50 samples. The results are based on the results of the Pearson correlation variable that the independent husband's knowledge and support has a strong and positive relationship with the dependent variable of complete visits. The value of knowledge on complete visits (r = 0.612) and husband's support variable on complete visits (r = 0.752). The multivariate test got the equality of knowledge and husband's support increased by 1 point, then the return visit of pregnant women would increase by (5.999 + (0.111 x 50) + (0.102 x 50) = 16.64.

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1. Conclusion

Pregnancy is a physiological, biological and psychological change by every woman due to the development of new individuals in the female reproductive organs due to the occurrence of conception (Maulana, 2008) which can affect the intrauterine environment and the development of the fetus (Iswanti et al., 2021) and will increase the risk of postpartum emotional imbalance (Pohan, 2021). Changes experienced by pregnant women will cause emotional changes and give rise to several reactions, including happy, sensitive, easily sad, disappointed, offended, anxious and even stressed (Diani & Susilawati, 2013). According to the World Health Organization (WHO, 2020) says that every pregnant woman and newborn must receive quality services during pregnancy, childbirth and the puerperium. Health services for pregnant women must meet a minimum frequency in each trimester, namely once in the first trimester at 0-12 weeks of gestation, once in the second trimester at 12-24 weeks of gestation and twice in the third trimester at 24 weeks of gestation until labor (Trisnawati, 2020). However, in reality, less than 303,000 women and girls died from complications related to pregnancy and childbirth in 2015 and around 99% of maternal deaths were caused by low resources and most of them could be prevented. Maternal mortality is one of the health indicators that shows a very wide gap between rich and poor, urban and rural, and others (Sari, 2021) and every

pregnancy has the possibility of complications or complications that can harm the mother or baby, either in the form of illness or death (Aditiawarman et al., 2017). In Indonesia, in general, there was a decline in maternal mortality during the period 1991-2015 from 390 to 305 per 100,000 live births. However, despite the downward trend in maternal mortality, the MDGs target was not achieved, which was 102 per 100,000 live births in 2015. (Profil Indonesia, 2020)

The government has made efforts to accelerate the decline in MMR by ensuring that every mother is able to access quality maternal health services, such as health services for pregnant women who reach K1 to K4. The coverage of health services for K4 pregnant women tends to increase from 2007 to 2020. However, the decline occurred in 2020 compared to 2019, from 88.54% to 84.6%. This decline is assumed to occur because program implementation in areas affected by the COVID-19 pandemic, West Sumatra province itself is still low in terms of K4 visits, namely the Province with the 23rd order of 34 provinces in Indonesia, reaching 72.8% K4 in 2020. (Profil Kesehatan Indonesia, 2020).

According to the Ministry of Health of the Republic of Indonesia (2008), several factors that influence pregnant women to visit K1 and K4 are internal factors and external factors. Internal factors such as parity and age, while external factors such as knowledge, attitudes, economy, socio-culture, geography, information and support. Likewise, according to Notoadmodjo, 2003 states that a person or society is influenced by education, age, behavioral attitudes, ethnicity, gender, education, income and spiritual (beliefs) that underlie attitudes and behavior.

Pregnancy care is necessary because although in general pregnancy develops normally and produces a healthy term baby through the birth canal, sometimes it is not as expected. Therefore, pregnant women are recommended to visit a doctor or midwife as early as possible since she feels she is pregnant to get antenatal care/care. If a pregnant woman does not perform a prenatal care, it will not be known whether her pregnancy is going well or is experiencing high risk conditions and obstetric complications that can endanger the life of the mother and her fetus (Saifuddin, 2002).

Several studies have also found that there are several factors in visiting pregnant women from K1 to K4. These factors include knowledge that influences return visits to pregnant women, that pregnant women who have high knowledge will have a better level of awareness to conduct regular ANC visits (Putri et al, 2017). Likewise, research conducted by Chomaria 2012 found that husband's support for wife's pregnancy both physically and psychologically greatly affects the condition and growth of the fetus well. In addition, whether the quality of service is good or not affects the mother's interest in repeating antenatal care visits (Anggraini, 2017). The impact of pregnant women who do not make antenatal care visits is an increase in maternal mortality and morbidity, pregnancy disorders are not detected and physical abnormalities that occur at the time of delivery cannot be detected early (Lestari, 2011).

Based on the problems described above, the researchers are interested in conducting research on the effect of husband's knowledge and support on complete visits by pregnant women in the Sitiung 1 Public Health Center, Dharmasraya Regency in 2021. The purpose of this study was to determine the effect of husband's knowledge and support on visits. pregnant women in the Sitiung 1 Health Center Working Area, Dharmasraya Regency in 2021.

2. Methods

This type of research is an analytical survey research using a Cross Sectional approach, namely to determine the effect of husband's knowledge and support on return visits to pregnant women in the Sitiung 1 Public Health Center, Dharmasraya Regency in 2021. This research was conducted in the Sitiung 1 Public Health Center Dharmasraya Working Area in 2021. with a research time of April-May 2021. The population in this study were all third trimester pregnant women in the Sitiung 1 Puskesmas Working Area, Dharmasraya Regency with a total population of 102. The sample in this study was taken using purposive sampling, using the Slovin formula with error rate 10%. The samples in this study were 50 samples with the following inclusion criteria: Pregnant women with gestational age >36 weeks (Trimester III), living in the working area of the Sitiung 1 Health Center, Dhamrasraya Regency, Pregnant women who had their pregnancy checked in the work area of the Sitiung 1 Health Center, Dhamrasraya Regency. . While the exclusion criteria in this study are as follows: mothers who do not want to be respondents in the study and pregnant women who have had their pregnancy checked in the Work Area of the Sitiung 1 Health Center, Dhamrasraya Regency.

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The data to be collected in this study are primary data and secondary data. Primary data in this study is data obtained directly from pregnant women using a questionnaire that has been prepared and refers to the variables studied, while secondary data is obtained from data recorded at the Sitiung 1 Health Center, Dhamrasraya Regency. The instrument used in this research is a questionnaire that will be tested for validity and reliability first. The questions in the questionnaire were tested for validity and reliability with the SPSS 18 program. Quantitative data processing in this study used quantitative analysis through the SPSS for Windows version 18 program tool. The data analysis used in this study was bivariate analysis with Pearson correlation test and multivariate analysis with multiple regression analysis. Bivariate analysis is used to be able to see the effect of each independent variable on the dependent variable. Correlation test plays a role in analyzing the effect of the independent variable and the dependent variable.

3. Results and Discussion

3.1 Results

The identity of the respondents who were asked in this study included age, education, and parity. Judging from the age of the respondents, most of the respondents were aged 20-35 years, namely 26 people (52%), a small portion aged 24 years, namely 24 people (48%). The education level of the respondents is mostly in the high category (Senior high school/college) as many as 27 people (54%), a small portion in the low category (SD/SMP) as many as 23 people (46%). Meanwhile for parity, the majority of respondents at parity 2-3 were 27 people (54%), a small proportion at parity 1 or 4 were 23 people (46%).

TABLE 1
DISTRIBUTION OF RESPONDENTS BASED ON CHARACTERISTICS IN THE WORK AREA SITIUNG HEALTH CENTER 1 IN 2021

NO	RESPONDENT IDENTITY	NUMBER OF PEOPLE)	PRESENTATION
1	Age (years)		
	20-35 years	26	52
	<20 years dan >35 years	24	48
2	Education		
	College (Senior High School/college)	27	54
	Low (School / Junior High School)	23	46
3	Parity		
	Parity 2-3	27	54
	Parity 1 atau ≥4	23	46

Bivariate Analysis

TABLE 2
STATISTICS DESCRIPTION OF RESPONDENT'S ANSWER SCORES BASED ON THE VARIABLES ESTABLISHED

RESEARCH VARIABLES	MEAN	MEDIAN	RANGE	MIN	MAX	STD. DEVIATION
Knowledge	60,11	62,00	40,00	31,00	70,00	7,88
Husband Support	61,22	63,00	40,00	31,00	70,00	8,00
Complete Visit	61,22	63,00	40,00	31,00	70,00	8,00

Based on the results of the correlation analysis using the Pearson correlation test, the husband's knowledge and support variables for repeat visits, obtained the same p value, namely p value = 0.000. This value shows that there is a relationship between variables, knowledge and husband's support for the complete visit of pregnant women at the Sitiung 1 Health Center in 2021.

TABLE 3
ANALYSIS OF PARTIAL CORRELATION OF KNOWLEDGE AND SUPPORT OF HUSBAND TO COMPLETE VISIT FOR PREGNANT MOTHERS IN THE WORKING AREA OF THE SITIUNG HEALTH CENTER 1 YEAR 2021

VARIABLE	N	*PEARSON CORELATION (R)*	*P VALUE*
Knowledge	50	.612	0,000
Husband Support	50	.752	0,000
Complete Visit	50	1	0,000

Based on the results of the Pearson correlation test, the independent variables of husband's

knowledge and support have a strong and positive relationship with the dependent variable of complete visits. The r value of each independent variable on the dependent variable, respectively, the knowledge variable on the complete visit (r = 0.612) and the husband's support for the complete visit (r = 0.752).

Multivariate Analysis

TABLE 4
RESULTS OF MULTIPLE LINEAR REGRESSION OF KNOWLEDGE AND SUPPORT OF HUSBANDS FOR COMPLETE VISITS OF PREGNANT MOTHERS IN THE WORKING AREA OF PUSKESMAS SITIUNG 1 YEAR 2021

MODEL	B	T	SIG
(Constant)	5,999	1,211	0,055
Knowledge	0,111	2,44	0,001
Husband Support	0,102	4,12	0,003

Based on the results of multiple linear regression analysis of the husband's knowledge and support for a complete visit, the SPPS output (constant) was 5.999; X1 is 0.111, X2 is 0.102. The knowledge variable (Pv=0.001) had the strongest influence on the complete visit of pregnant women compared to the husband's support variable (Pv=0.003). Results of Multiple Linear Regression Variable Knowledge and Husband's Support for Complete Visits of Pregnant Women at the Sitiung 1 Health Center in 2021 Based on the table above the values obtained by the linear regression equation:

$$Y=5,999 + 0,111_{x1} + 0,102_{x2}$$

In the equation above, it can be concluded that if knowledge increases by 1 point and husband's support increases by 1 point, then the return visit of pregnant women will increase by 1 point (5,999 + (0,111 x 50) + (0,102 x 50) = 16,64.

3.2 Discussion

3.2.1 The Effect of Knowledge on Complete Visits of Pregnant Women

Based on bivariate analysis using correlation analysis with the multiple Pearson test on the variable knowledge of the complete visit of pregnant women, obtained p value of 0.001 which means that there is a relationship between the variable of knowledge on the complete visit of pregnant women at the Sitiung Health Center 1. The test results also show the value of r = 0.612 . This value shows the relationship between the knowledge variable and the interest in revisiting including a strong relationship (r = 0.612) and a positive pattern. Mothers with good knowledge have a 6.8 times higher chance of conducting antenatal care visits (ANC) according to standards, which is 6.8 times higher than pregnant women with less knowledge. People with a low level of knowledge about the benefits and schedule of antenatal care will cause pregnant women not to do routine pregnancy checkups, even though pregnant women have good access to midwives or doctors.

So it can be concluded that knowledge has a very important role for every pregnant woman because it can motivate pregnant women to do a pregnancy check on time. Knowledge about the examination of pregnant women can be obtained from health workers through health education for pregnant women, so that every pregnant woman knows the development of the fetus and the danger signs during pregnancy.

3.2.2 The Effect of Husband's Support on Complete Visits for Pregnant Women

Based on bivariate analysis using correlation analysis with Pearson's test on the husband's support variable for a complete visit, it was obtained p value of 0.003. This value indicates that there is a relationship between the husband's support variable and the complete visit of pregnant women at the Sitiung 1 Health Center. The test results show the value of r = 0.752. This value shows the relationship between husband's support variables on complete visits including a strong relationship (r = 0.752), positive pattern. The family support provided has a very important contribution to pregnant women. Family support is an encouragement, motivation for pregnant women, both morally and materially, which can function as a preventive strategy to reduce stress and negative

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consequences, so it is necessary to improve antenatal care services during pregnancy by the government, private sector and the community, especially families.

So it can be concluded that the husband is the first and foremost person in giving encouragement to his wife before other parties also provide encouragement. During pregnancy, husbands also tend to give positive reactions, and provide support for their wives, one of which is appreciation support. Husband's support is very important for pregnant women in the form of appreciation/assessment support and informational support.

4 Conclusion

Husband's knowledge and support affect the complete visit of pregnant women. The higher a person's level of knowledge, the more aware they are of the importance of examining pregnant women. Likewise, the husband's support is also very important because it tends to give a positive reaction and provide support to his wife.

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