KNOWLEDGE ABOUT THE DANGEROUS SIGN OF PREGNANCY AND FAMILY SUPPORT RELATED TO COMPLIANCE WITH ANTENATAL CARE (ANC) IN TRIMESTER III PREGNANT WOMEN IN CIRUAS HEALTH CENTER

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Abstract

Antenatal Care is indispensable as an attempt to detect early occurrence of high-risk pregnancy and childbirth. It is also able to reduce the number of death between mothers and infants. This study aims to know the relationship of knowledge about the dangerous signs of pregnancy and family support with compliance of ANC visit of third trimester pregnant mother in Ciruas Health Center. The type of study used is a descriptive correlation by cross sectional approach conducted on June 2016 at the Work Area of Ciruas Health Center. The number of samples in this study was 54 pregnant mothers. The data collection method was using a questionnaire and data analysis using chi square test. The results of this study indicate that there are significant relationship of pregnant mothers between knowledge about the dangerous signs of pregnancy with compliance of ANC visit (ρ = 0,028) and there are significant relationship between family support with compliance of ANC visit (ρ = 0,010). The conclusion of this study is that there is a significant relationship between knowledge about the dangerous sign of pregnancy and family support with compliance of ANC visit of third trimester pregnant mother in Ciruas Health Center. It is suggested to add more awareness regarding the dangerous signs of pregnancy and the importance of prenatal care to the society by midwives and health promotion, also provide support to pregnant mothers by reminding them to continually have complete check-up.

Key Words: Antenatal Care, Family Support, Knowledge

Introduction

The danger sign of pregnancy is a sign or symptom which shows that the mother or the baby she is carrying is in a state of danger (Syafrudin, 2009). In its development, every pregnancy has a risk of experiencing complications. Therefore, antenatal care must be carried out routinely, in accordance with integrated standard for quality antenatal care (Wiknjosastro, 2010).

Antenatal Care (ANC) is a pregnancy checkup to optimize mental and physical health of pregnant women, so that they are able to deal with childbirth, going through labor, preparation for breastfeeding, and recovering health in a reasonable manner. The aim is to recognize and deal with complications that occur during pregnancy, postpartum, and during childbirth, recognize and deal with diseases that accompany pregnancy, childbirth, postpartum, and reduce maternal and perinatal morbidity and mortality as early as possible (Manuaba, 2010).

In 2012, Indonesian Demographic and Health Survey (IDHS) recorded a significant increase in MMR again (which is related to pregnancy, childbirth and postpartum), from 228 to 359 per 100,000 live births.

According to Banten Provincial Health Office 2013 profile, the number of maternal deaths in Banten Province in 2012 was 359.1 per 100,000 live births. This figure increases when compared to maternal mortality rate in 2011 which reached 168.8 per 100,000 live births (MOH, 2013)

According to data from Serang District Health Office in 2015, Maternal Mortality Rate (AKI) in Serang District reached 62 people (Serang District Health Office 2016).

Antenatal utilization by pregnant woman can be seen from the coverage of antenatal services that can be monitored through a new visit service for pregnant women (K1) and pregnant women services according to standards at least four times (K4) with distribution once in the first trimester, once in the second trimester, and twice in the third trimester (MOH, 2010).

Based on the report on the results of 2015 Ciruas Primary Health Care KIA program, ANC services were 95% K1 and 91.44 K4. K1 and K4 service targets in 2015 were 95%. K1 coverage has reached the target, but K4 coverage has not reached the national target.

In the implementation of antenatal care, the mother will be more obedient if she gets support from the family. In this case the support of husbands, families and communities greatly influences the success of ANC implementation.

Factors affecting pregnant women discompliance in doing ANC visits include lack of family knowledge and support.

The results of Laminullah's research (2015), found that the most dominant factor for antenatal care visits was family support and knowledge.

Knowledge of pregnancy can be obtained through counseling about pregnancy such as changes related to pregnancy, fetal growth, and development in the uterus, self-care during pregnancy and danger signs of pregnancy that needs to be watched.

Based on this background, this study aims to determine the relationship of knowledge about pregnancy danger signs and family support with antenatal care visit adherence (ANC) in pregnant women in third trimester in Ciruas Health Center, Serang district.

Research Method

The type of research used is descriptive correlation. The population in this study were all pregnant women in the third trimester who examined their pregnancies in the working area of Ciruas Community Health Center during April to May 2016 as many as 54 pregnant women.

The sampling technique uses a total sampling method (Sugiyono, 2015).

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Research Results

Univariate Data Analysis
1. **Respondent Characteristics**
   Table 1. Distribution of Respondent Characteristics Frequency

Demographics	Frequency	Percentage (%)
Age		
- < 20 years old	2	3,7%
- 20-30 years old	35	64,8%
- > 30 years old	17	31,5%
Education Level		
- Elementary	18	33,3%
- Junior High	11	20,4%
- Senior High	21	38,9%
- University	4	7,4%
Working status		
- Working	10	18,5%
- Not Working	44	81,5%
Gestational Age		
- 28-36 weeks	20	37%
- 37-40 weeks	34	63%
Health History during Pregnancy		
- With Problems and Complaints	11	20,4%
- No Problem or Complaints	43	79,6%
Pregnancy Status		
- Primigravida	20	37%
- Multigravida	34	63%
Family Support		
- Parents	7	13%
- Husband	37	68,5%
- None / (fill here)	10	18,5%

Based on table 1 it can be seen that the majority of respondents were aged 20-30 years old (64.8%), the education level of the majority of respondents were high school (38.9%), the majority of respondents did not work (81.5%), the majority of respondents were 37-40 week (63%), the majority of respondents had no problems / complaints (79.6%), the pregnancy status of the majority of respondents was multigravida (63%), and the support of the majority members were husbands (68.5%).

2. **Knowledge of Pregnancy Danger Signs**
   Table 2. Frequency Distribution of Pregnant Women Knowledge about Pregnancy Danger Signs

Mother's Knowledge	Frequency	Percentage (%)
Kurang	28	51,9%
Baik	26	48,1%
Total	54	100%

Based on table 2 it can be seen that respondents who have less knowledge are 28 people (51.9%) and respondents who have good knowledge are 26 people (48.1%).

3. **Family Support**
   Table 3. Family Support to Pregnant Mother

Family Support	Frequency	Percentage (%)
Bad	27	50%
Good	27	50%
Total	54	100%

Based on table 3 it can be seen that respondents who got bad family support were 27 people (50%), and respondents who got good family support were 27 people (50%).

4. **ANC Visit Compliance**

   Table 4. Frequency Distribution of ANC Visit Compliance

ANC Visit	Frequency	Percentage (%)
Compliant	35	64,8%
Not Compliant	19	35,2%
Total	54	100%

Based on Table 4 it can be seen that the majority of respondents were not compliant in conducting ANC visits as many as 35 people (64.8%), and respondents who were compliant to make ANC visits were 19 people (35.2%).

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Bivariate Data Analysis

1. **Relationship Between Pregnancy Danger Sign Knowledge and ANC Visit Compliance**

Table 5. Frequency Distribution of Pregnancy Danger Sign Knowledge and ANC Visit Compliance

Pregnancy danger sign knowledge	ANC Visit Compliance				Total	P Value
	Not Compliant		Compliant			
	Amount	Percentage (%)	Amount	Percentage (%)		
Lacking	22	40,7%	6	11,1%	28 (51,9%)	0,028
Good	13	24,1%	13	24,1%	26 (48, 1%)	
Total	35	64,8%	19	35,2%	54 (100%)	

Based on Table 5, we can see the result of the relationship of pregnancy danger sign knowledge with ANC visit compliance. A total of 28 respondents had insufficient knowledge (51.9%), as many as 22 people were not compliant to ANC visit while 6 others were compliant. Meanwhile, out of 26 respondents who had good knowledge (48.1%), 13 of them were compliant to do ANC visits, and 13 other people were not compliant in doing ANC visits. Statistical test using Pearson Chi-Square showed that there is no expectation of less than 5. From the Pearson Chi-Square test, p value = 0.028 (Asymp Sig 2 sided <0.05) was obtained, which means that Ho is rejected or there is a meaningful relationship between knowledge of pregnancy danger signs and ANC visit compliance.

2. **Relationship between family support and ANC visit compliance**

Table 6. Frequency Distribution of Family Support and ANC Visit Compliance

Family Support	ANC Visit Compliance				Total	P value
	Not Compliant		Compliant			
	Amount	Percentage (%)	Amount	Percentage (%)		
Bad	22	40,7%	5	9,3%	27 (50%)	0,010
Good	13	24,1%	14	25,9%	27 (50%)	
Total	35	64,8%	19	35,2%	54 (100%)	

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Based on table 6, we can see the results of the relationship between family support and ANC visit compliance. As many as 27 people had bad family support (50%), 22 of them did not comply with ANC visits and 5 people complied with ANC visits. Then 27 respondents had good family support (50%), 14 obedient people made ANC visits, and 13 other people did not comply with ANC visits. Statistical test using Pearson Chi Square showed that there is no expected value less than 5. From the Pearson Chi Square test, p value = 0.010 (Asymp Sig 2 sided <0, 05) was obtained, which means that Ho is rejected or there is a meaningful relationship between family support with ANC visits compliance.

Result and Discussion

Pregnancy Danger Sign Knowledge

The results of frequency distribution data showed that 28 respondents (51.9%) had less knowledge. Knowledge has a role as the initial motivator for someone to behave. Green in Notoatmodjo (2012) stated that knowledge is a predisposing factor to the formation of one's behavior. According to Surahman (2008) a person's knowledge is obtained from experience of various information conveyed by teachers, parents, friends, mass media, electronic media, manuals and health workers. This is because mothers with good knowledge, the level of understanding about danger signs of pregnancy which have been obtained through health counseling is still in the adoption stage, where mothers realized the meaning of the stimulus in the form of intention without being followed by changes in attitude and behavior. This is consistent with the theory which stated that based on Rogers's experience and research in Notoatmodjo (2012) it is proven that behavior based on knowledge will be more long-lasting than behavior that is not based on knowledge.

Family Support

The results stated that some respondents (50%) had good family support and some (50%) had poor family support.

From the results of the respondents' answers to the questionnaire, the more dominant family support is social support, which is the support provided by advising pregnant women to participate in spiritual activities such as recitation, and giving mothers the opportunity to choose health facilities according to their own wishes. The function of family support for pregnant women is that it will bring happiness, security, satisfaction, and a sense of comfort that will make pregnant women feel emotionally supported which will affect their mental health (Mahmudah, 2010). This is consistent with the theory that pregnant women who lack support from their closest family will tend to experience stress in pregnancy (Manuaba, 2010).

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ANC Visit Compliance

The research result showed that the majority of respondents (64.8%) were not compliant in conducting ANC visits. Based on the results of this study it can be concluded that most respondents did not make ANC visits according to the standards set by the Ministry of Health, namely 4 visits; 1 visit in the first trimester, 1 visit in the second trimester and 2 visits in the third trimester. Compliance is the extent to which a patient's behavior is in accordance with the provisions provided by a health professional (Niven, 2008). The main purpose of antenatal care is to facilitate healthy and positive outcomes for both the mother and her baby by detecting life-threatening complications. This is consistent with the theory that if a pregnant woman is not compliant in carrying out a prenatal checkup, it will result in the detection of complications that can cause death to the mother and fetus (Carpenito, 2011).

Pregnancy Danger Sign Knowledge In Relation with ANC Visit Compliance

The results showed a significant relationship between pregnancy danger signs knowledge and ANC Visit Compliance. According to Budiman (2014), one's knowledge can be obtained from various information conveyed by teachers, parents, health workers, friends, mass media, electronic media, and so on. In addition there are other factors, such as education, experience, employment, socio-cultural and economic, environmental, experience and age.

From the results of the respondents' answers to the questionnaire, the majority of pregnant women did not know about the various danger signs of pregnancy. Thus, most pregnant woman was not compliant in doing ANC visit. This is because compliance is a behavior, and based on Rogers's experience and research in Notoatmodjo (2012) it is proven that behavior based on knowledge will be more long-lasting than behavior that is not based on knowledge. The results of this study are also supported by the results of Astini's (2011) research which states that there is a meaningful relationship between knowledge and implementation of antenatal care. That means more knowledge in pregnant women, will result in better ANC visit compliance.

Family Support In Relation with ANC Visit Compliance

The results showed that there was a significant relationship between family support and ANC visit compliance. Pregnant mothers desperately need the support of their husbands and families. The condition of family environment that weren't supportive will affect the mother in checking her pregnancy (Nurulhidayah, 2011).

From the results of the respondents' answers to the questionnaire, it was found that the most dominant form of support was social support, which is the support provided by advising pregnant women to attend spiritual activities such as recitation, and giving mothers the opportunity to choose health facilities according to their wishes. While the lowest form of support is psychological support, which is the support shown by giving attention and affection. Manuaba (2010) states that pregnant women who lack psychological support from their closest family will tend to experience stress in pregnancy.

This result is in line with Sumiati's (2012) study which states that mothers with good family support have the opportunity to make K4 visits according to standards compared to mothers who have less family support. Thus it can be explained that family support plays an important role in the mother's behavior to check her pregnancy.

This is in accordance with the theory that maternal motivation in the implementation of antenatal care will be more regular if it receives great support from the family because family is the closest

person who can motivate antenatal care process (Niven, 2008).

Conclusions

Based on the research result conducted at Ciruas District Health Center in Serang District, it can be concluded that:
1) Characteristics of the majority of respondents aged 20-30 years, mostly of high school education, almost all respondents did not work, the respondent's gestational age was mostly 37-40 weeks, the majority of medical history during pregnancy were no problems or complaints, pregnancy status mostly multigravida, family personnel giving support to the majority of pregnant women were husbands.
2) Frequency distribution of pregnancy danger sign knowledge is categorized as good, there were 26 respondents (48.1%)
3) Frequency distribution of family support is categorized as good, there were (50%)
4) The frequency distribution of ANC visit compliance is in the non-compliant category, there were 35 respondents (64.8%)
5) There is a significant relationship between knowledge about pregnancy danger signs with ANC visit compliance with ρ value = 0.028
6) There is a significant relationship between family support and ANC visit compliance with ρ value = 0.010.

From the research results it is recommended for pregnant women to:
1. Can be actively present and participate if there are counseling activities carried out by the Community Health Centers.
2. Family's active role is expected to always provide support to pregnant women by driving, reminding mothers to have their pregnancies checked regularly and thoroughly.
3. Health workers need to improve appropriate and accurate counseling regarding pregnancy danger signs and the importance of pregnancy checking.

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