



## Related Knowledge and Support Family Mother Pregnant Women Attitudes about Prenatal Care (ANC)

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**Abstract :** Antenatal care is a service provided to mothers in the process of pregnancy and to provide assurance that the mother and fetus are safe in pregnancy and childbirth. In the 2013 Riskesdas, the coverage of antenatal care for pregnant women increased. However, the coverage of K1 and K4 in East Java still has not reached 100%. The purpose of this study was to determine the mother's knowledge and family support for the attitudes of pregnant women regarding ANC in the work area of Gunung Anyar Public Health Center, Surabaya City. This study used a cross sectional study design. The population was 1089 pregnant women and samples were taken using the Slovin formula of 75 people. The statistical test used is Chi Square test with a confidence level of 95%. The results show that pregnant women who have poor knowledge of 46 people (61.3%), pregnant women who get less family support are 28 people (37.3%), and pregnant women who have a negative attitude about ANC of 42 people (56.0%). The p-value between mother's knowledge and family support with the mother's attitude about ANC is 0.012 and 0.744. The conclusion is that there is no relationship between maternal knowledge and family support with the mother's attitude about ANC.

**Keywords :** knowledge; family support; attitude; ANC

### I. Introduction

Antenatal care is a service that women receive during pregnancy and is very important in helping ensure that the mother and fetus are safe in pregnancy and childbirth (Mufdlilah, 2009). Each pregnancy, in its development at risk of experiencing complications or complications. Therefore, antenatal care must be carried out routinely, regularly, according to standards and integrated for quality antenatal services (Republic of Indonesia Ministry of Health, 2010).

Quality Antenatal Care (ANC) services are in accordance with government policy standards, which are at least 4 times during pregnancy, 1 time in the first trimester, 1 time in the second trimester, and 2 times in the third trimester (Republic of Indonesia Ministry of Health, 2012). ANC is a planned program in the form of observation, education, and medical treatment for pregnant women. The importance of regular ANC is for the mother's health and well-being of the fetus. For mothers, ANC is useful for early detection if there are complications of pregnancy, so that they can immediately treat it, maintain and improve health during pregnancy, prepare mentally and physically in the face of labor, know various problems with pregnancy, so that safe delivery assistance is immediately determined. As for babies, the examination can improve the health of the fetus and prevent the fetus from being born prematurely, low birth weight babies, stillbirths, or death at birth (Pantikawati, I & Saryono, 2010).

The impact of irregular pregnant women on antenatal care includes poor monitoring of the condition of the mother and fetus, complications of pregnancy due to lack of access to health services if there are danger signs of pregnancy, lack of preparation for labor. Irregular antenatal care mothers have a 3 times greater risk of experiencing parturition compared to mothers who are antenatal care regularly (Bobak, et al., 2005). Some health problems experienced by women in various parts of the world show that nearly 500,000 women die each year due to childbirth and 90% of them are in developing countries (Rachmawati, 2004). Until now maternal mortality is still one of the main problems in the field of Maternal and Child Health (Sulistyawati, 2009). WHO estimates that around 15% of all pregnant women will develop complications related to pregnancy and can threaten their lives. Of the 5,600,000 pregnant women in Indonesia, most will experience a complication or problem that becomes fatal (Hani, Umi, et al., 2011). The results of the 2013 Riskesdas show that the coverage of antenatal care for pregnant women is increasing. The coverage of pregnant women who received the first antenatal care in the first trimester of pregnancy (K1 Trimester 1) increased from 72.3% in 2010 to 81.3% in 2013. Likewise at the next stage, the coverage of antenatal care at least four visits (K4) also increased from 61.4% in 2010 to 70.0% in 2013 (Hayu, 2014).

In the East Java Province the maternal mortality rate is still quite large, namely 567 mothers died in 2014 and 413 mothers per September 2015 (PKK Driving Team, 2015). According to data from the East Java Health Office (2015), Surabaya is the city that contributes the highest mortality rate for pregnant women in East Java. This can be seen from the number of women giving birth in Surabaya until September 2015 reaching 32 people. The causes of maternal mortality were still dominated by bleeding (32%), followed by pregnancy hypertension (25%), infection (5%), prolonged labor (5%), and abortion (1%) (Directorate General of Nutrition and Maternal and Child Health, RI Ministry of Health, 2013).

Based on the Health Profile of East Java Province, the achievement of K1 coverage in 2013 was 92.14%, while K4 coverage was 84.38% (East Java Health Office, 2013). This data shows that the coverage of K1 and K4 still has not reached 100%. There is a negative attitude that assumes that without examining pregnancy, even if the mother still gives birth to a healthy baby, it can be one of the achievements of the ANC coverage. The attitude of pregnant women can be influenced by mother's knowledge and family support. According to Kushayanti's research (2016), lack of knowledge is the main trigger that causes negative attitudes to conduct ANC examinations. According to Plasmey (2002) in King (2010) in his study showed that family support affects attitudes regarding prenatal care. Family support is assistance, information, and feedback from the family that someone receives in their lives and is in a certain social environment that makes the recipient feel cared for, loved, valued, respected, and involved in communication.

## **II. Methodology**

This research is analytic research with cross sectional study design. Data collection was carried out in May 2018. The population in this study were all pregnant women in the work area of Gunung Anyar Health Center totaling 1089 people. Sampling was done by non-probability sampling with accidental sampling. The sample in this study were 75 respondents.

Respondents were interviewed with questionnaire tools. The questionnaire contained questions about maternal knowledge, family support, and maternal attitudes regarding

antenatal care services, each of which consisted of 11, 8, and 7 items of questions that had been tested for validity and reliability. In this study the knowledge variable was categorized into 2, namely good and bad knowledge. Pregnant women are said to have good knowledge if they get a score from the knowledge questionnaire > mean. The family support variable is categorized into 2, which is getting support and lacking support. Pregnant women are declared to have family support if they get a score from the family support questionnaire > mean. Attitude variables are categorized into 2, namely positive and negative attitudes. Pregnant women are stated to have a positive attitude if they get a score from the attitude questionnaire > mean.

### III. Discussion

Based on interviews with the help of questionnaire instruments to 75 respondents regarding the relationship between mother's knowledge and family support and the mother's attitude about ANC in the working area of GunungAnyar Health Center in 2018 the following results were obtained:

#### 3.1 Univariate Analysis

**Table 1.** Distribution of Frequency of Knowledge of Mothers, Family Support, and Attitudes of Pregnant Women Regarding ANC in the GunungAnyar Community Health Center Work Area in 2018

Variable	Frequency (N)	Percentage (%)
<b>Knowledge</b>		
poorly	46	61,3
Well	29	38,7
<b>Family support</b>		
Less supportive	28	37,3
Support	47	62,7
<b>Attitudes about ANC</b>		
Negative attitude	42	56,0
Positive attitude	33	44,0
<b>Total</b>	<b>75</b>	<b>100</b>

Based on table 1, it is known that pregnant women who have poor knowledge are 46 people (61.3%). Of 46 people (61.3%) pregnant women who had poor knowledge, 42 people (91.3%) among them did not know the most appropriate gestational age to start prenatal care and 6 people (14.3%) did not know the minimum amount to carry out prenatal checks into health services.

The pregnant women who lacked family support were 28 people (37.3%). Of the 28 people (37.3%) who lacked family support, 21 people (%) mentioned that their husbands / families did not always remind mothers to have their pregnancies examined, 11 people (%) mentioned that their husbands / families did not always pay attention to maternal health pregnancy, and 8 people (%) mentioned that the husband / family did not help the mother in seeking information about health during her pregnancy.

Based on table 1, it is also known that pregnant women who have a negative attitude about antenatal care are 42 people (56.0%). Of the 42 people (56.0%) who had negative attitudes regarding antenatal care, 12 people (%) mentioned that without checking pregnancy even though the mother still gave birth to a healthy baby, 4 people (%) mentioned that

pregnancy examinations were carried out only if there were problems maternal pregnancy, and 3 people (%) mentioned that diseases that arise during pregnancy will heal on their own.

### 3.2 Bivariate Analysis

**Table 2.** Cross Tabulation of the Relationship between Knowledge and Family Support with Attitudes of Pregnant Women Regarding ANC in the GunungAnyar Community Health Center Working Area in 2018

Variable	Attitude				Total		P-value
	Negatif		Positif				
	n	%	N	%	n	%	
Knowledge							
Poorly	31	67,4	15	32,6	46	100	0,012
Well	11	37,9	18	62,1	29	100	
Family Support							
Less Support	15	53,6	13	46,4	28	100	0,744
Support	27	57,4	20	42,6	47	100	

Based on table 2, it is known that pregnant women who have poor knowledge but have a positive attitude about ANC of 15 people (32.6%). Meanwhile, pregnant women who have good knowledge but have a negative attitude about ANC of 11 people (37.9%). The results of statistical tests show that there is no relationship between mother's knowledge and the mother's attitude regarding ANC ( $p\text{-value} = 0.012 > 0.005$ ).

Furthermore, based on Table 2 also, it is known that pregnant women who lack family support but have a positive attitude about antenatal care by 13 people (46.4%). While pregnant women who received family support had a negative attitude about ANC of 27 people (57.4%). The results of statistical tests show that there is no relationship between family support and maternal attitudes regarding ANC ( $p\text{-value} = 0.744 > 0.005$ ).

Based on table 1, it is known that pregnant women who have poor knowledge are 46 people (61.3%). Of 46 people (61.3%) pregnant women who had poor knowledge, 42 people (91.3%) among them did not know the most appropriate gestational age to start prenatal care and 6 people (14.3%) did not know the minimum amount to carry out prenatal checks into health services.

Prenatal care should be done as early as possible, as soon as a woman feels she has become pregnant (Republic of Indonesia Ministry of Health, 2007). The minimum number of pregnancy checks to health services, according to WHO previously recommended four visits. However, the WHO recently revealed that pregnant women need to visit health workers such as doctors, midwives or nurses at least eight times throughout pregnancy. Of the eight times, as many as five visits need to be carried out during the third trimester. The new guidance is driven by the high mortality rate of pregnant women. According to the WHO, more than 300,000 women die during pregnancy. Not only are health problems for pregnant women, infant mortality is also getting higher.

According to WHO, increasing the number of visits to doctors can improve early detection of pregnancy problems. In addition, frequent visits will build good communication between health workers and pregnant women so that it helps healthy and positive pregnancies. WHO recommends for pregnant women to check pregnancy at the age of 12 weeks. After that, the mother should have a pregnancy at 20,26,34,36,38 and 40 weeks.

Based on table 1, pregnant women who lacked family support amounted to 28 people (37.3%). then from 28 pregnant women (37.3%) who lacked family support, 21 people (75.0%) mentioned that their husbands / families did not always remind mothers to have their pregnancies examined, 11 people (39.3%) mentioned that husband / family does not always pay attention to maternal health during pregnancy, and 8 people (28.6%) state that the husband / family does not help the mother in seeking information about health during her pregnancy.

Family support is extrinsic motivation, namely support that comes from outside the individual, this support serves to encourage people to do, determine the direction of action and select actions (Sardiman, 2007). Someone will do a business because of support. In Demiaty's (2009) study, it was found that the role of husbands in motivating pregnant wives to conduct prenatal checkups had a significant role, namely 33 people (75%). Husband as one of the family members also plays a role in pregnancy increasing the readiness of pregnant women in facing the labor process, and also triggers the production of ASI (Ary, 2009).

Based on table 1, pregnant women who have a negative attitude about antenatal care amounted to 42 people (56.0%), then 12 people (28.6%) mentioned that without checking pregnancy, the mother still gave birth to a healthy baby, 4 people (9, 5%) stated that prenatal care was carried out only if there was a problem with the mother's pregnancy, and 3 people (7.1%) mentioned that the disease that arose during pregnancy would heal itself.

Attitudes consist of components of trust (beliefs), ideas, and concepts to form a complete attitude, and the role of knowledge of thinking, beliefs, and emotions which is a reaction or response that is still closed from someone to a stimulus or object, life, emotional or emotional evaluation towards an object, and a tendency to act, but it is not an action. For this reason, efforts are needed to convince mothers about the benefits of ANC services as early as possible in the right way for the continuity of maternal pregnancy health (Notoadmojo, 2012).

A positive attitude or good response reflects his concern for the health of himself and his fetus. Meanwhile, negative attitudes make pregnant women lose their motivation to make a visit (Rachmawati, et al, 2017). A negative attitude is a tendency to stay away from, avoid, hate or dislike an object (Purwanto, 1999).

Based on table 2, it is known that there is no relationship between knowledge and family support with the mother's attitude regarding ANC (p-value = 0.012 and 0.744 > 0.005). The absence of a relationship between these variables can be caused by the busyness of pregnant women so that they have a rejection response to the importance of ANC. In this study, 44 pregnant women (58.7%) had jobs.

This study has similarities with the previous research conducted by Fitriani and Andriyani (2015) which states that there is no relationship between knowledge and maternal attitudes regarding ANC. In addition, also a study conducted by Nita (2017) which states that there is no relationship between family support and maternal attitudes regarding ANC.

#### IV. Conclusion

Based on the results of the research conducted the conclusions are:

1. There is no relationship between the knowledge of mothers and attitudes of pregnant women regarding ANC.
2. There is no relationship between family support and the attitude of pregnant women regarding ANC.



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