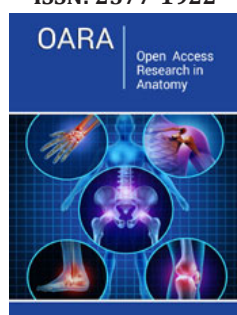# The Relationship of Knowledge and Support of Husbands with the Compliance of Pregnant Women Implementing Antenatal Care (Anc) in Mimika Regency, Papua Province, Indonesia

Yunita K[1]*, Diyah A[1], Mikha I[1] and Korinus S[2]

[1]Faculty of Medicine, Cenderawasih University, Indonesia

[2]Center of Excellent of Jayapura Health Polytechnic, Indonesia

*Corresponding author: Yunita Kristina, School of Nursing, Faculty of Medicine, Cenderawasih University, Jayapura City, Papua Province, Indonesia

Abstract

Pregnant women who do not perform prenatal care are one of the causes of maternal death. Papua Province is one of the provinces with the lowest coverage of ANC, which is 66.8% with K1 coverage of 56.3% and K4 of 40.74%. This figure is still quite far from the national average coverage of 88.03%. ANC examination can prevent obstetric complications and can maintain maternal health to reduce the incidence of prematurity, stillbirth, and Low Birth Weight (LBW). This study aims to determine the relationship between knowledge and husband's support with the compliance of pregnant women in implementing ANC in the Mimika Regency. This study is a quantitative study with correlative analytic to see the relationship between husband's knowledge and support with pregnant women's compliance. In this study, the researcher used a cross-sectional method where data collection was only one measurement on the respondent. The number of samples in this study was 90 respondents with non-probability sampling method with purposive sampling technique, namely husbands of pregnant women who made ANC visits at private clinics in Mimika Regency. Data collection was done by using a questionnaire. Data analysis using Spearson correlation coefficient analysis. The results showed that there was a relationship between the husband's knowledge and support with pregnant women's compliance with ANC. It is hoped that health workers can provide information about the importance of ANC to husbands to provide support for pregnant women to comply with ANC.

Keywords: Antenatal care; Husband's knowledge; Husband's support; Compliance of pregnant women in carrying out threats

Introduction

Pregnant women who do not have a pregnancy checkup are one of the causes of maternal death. Based on data obtained from the World Health Organization (WHO) 2019 there were 211/100,000 Maternal Mortality Rates (MMR) throughout the world. One of the indicators to determine the degree of health of a country is the MMR of the Ministry of Health of the Republic of Indonesia, (2015). The incidence of MMR in Developing Countries is around 90% and one of them is Indonesia as many as 177/100,000 Live Births (WHO, 2019). The incidence of MMR in Papua Province was 66 cases and in Mimika Regency as many as 465/100,000 or there were 9 cases of maternal deaths that occurred (Mimika Regency Health Office, 2020). This shows that the target in the Sustainable Development Goals (SDG's 2016-2030) to reduce the maternal mortality rate globally to less than 70/100,000 KH by 2030 has not been achieved (United Nations, 2019). The cause of the high MMR is bleeding (42%) which can actually be prevented by conducting a pregnancy examination (ANC). Antenatal Care (ANC) is a routine health check-up service for pregnant women to monitor the health of the mother physically, psychologically, including the growth and development of the fetus so that it can detect abnormalities or diagnose obstetric complications and prepare the delivery and birth process so that pregnant women are ready to become parents (Wagiyo & Putrono, 2016). According to the Ministry of Health of the Republic of Indonesia, in 2010 a number of

pregnant women in Indonesia have not fully utilized Antenatal Care (ANC) services in accordance with established guidelines. Pregnant women in Indonesia who have their pregnancies checked during pregnancy are only 83.9% of the target coverage of 85-95%, from these results it shows that there are still some pregnant women who do not have their pregnancies checked. provinces that have not reached the target, one of the lowest ANC coverages, namely Papua Province, which is 66.8% with K1 coverage of 56.3% and K4 of 40.74% (Ministry of Health ri, 2018). This figure is still quite far from the national average coverage of 88.03% (Ministry of Health ri, 2018). The number of ANC visits in Mimika Regency in 2012 was 44.2% (1780 pregnant women) for K1 coverage while K4 coverage was 46.4% (1867 pregnant women) out of the total number of pregnant women of 4024. The purpose of an ANC examination is often not achieved in some pregnant women who are less compliant, due to several factors such as age, level of education, employment, parity, knowledge, distance of residence, economy or family income, socio-culture, support of husbands, families and health workers, and inadequate health facilities [1]. Society only focuses on childbirth while the events before delivery do not receive much attention. There is something more important than childbirth as the culmination of a series of human reproductive events, namely the examination of pregnancy (Kasdu, 2009). Knowledge about pregnancy possessed by the husband is very helpful when the pregnant woman (her wife) in facing her ignorance of pregnancy and has a role in the perception of pregnant women looking at the changes that occur in pregnant women during pregnancy [2]. Good husband support becomes a motivation for pregnant women to make an ANC examination visit. Husbands play a role in undergoing pregnancy and preparation for birth, not only for pregnant women [3]. Based on the results of a preliminary study conducted by researchers at the Head of a Private Clinic through telephone interviews, there was 1 pregnant woman experiencing bleeding events during childbirth and the results of the recap from the visit book from January to June found that several pregnant women with pregnancies were at risk but incompletely conducted an ANC examination. Based on the above background, researchers are interested in conducting research on the relationship of knowledge and support of husbands.

Method of Research

The type of research used in this study is quantitative research methods with correlative analytics to see the relationship between knowledge and husband support and the compliance of pregnant women carrying out ANC in Mimika Regency. The population in this study was all husbands of pregnant women who visited an ANC at one of the private clinics in Mimika Regency, technique in this study is non-probability sampling with the Side Purposive technique. Instrument where there were 400 pregnant women who visited from January to June. The results of the calculation of the size of the sample obtained were as many as 90 respondents. The sampling used in this study were questionnaires, visitation books and interviews in several respondents. Univariate analysis is used to determine the frequency distribution of each research variable, the research variables include respondent characteristics, knowledge, support, and compliance. In this case using percentage analysis. Bivariate analysis is used to test whether or not there is a difference or relationship between the husband's knowledge, and the husband's support with the pregnant woman's adherence to the ANC. In this study used the Spearman Rank analysis.

Result

Respondents' characteristic

Table 1 shows that there were 90 husbands who accompanied pregnant women to carry out an ANC in Mimika Regency, the majority in the early adult category, namely those aged 26-35 years, as many as 62 people (68.9%); the majority of highly educated, namely 37 people who graduated from high school (41.1%); the majority worked 87 people (96.7%); and the majority have an income of 1,000,000 - 3,000,000 as many as 40 people (44.4%). Table 2 shows the majority of husbands' knowledge about ANC in Mimika District in the good category of 57 people (63.3%). Table 3 shows that the majority of husbands in Mimika Regency do not support pregnant women implementing an ANC, which is 58 people (64.4%). Table 4 shows that the majority of pregnant women in Mimika Regency comply with the ANC as many as 46 people (51.1 %).

Table 1: Distribution of Respondent Characteristics in Mimika Regency, 2021 (n= 90).

Variable	Frequency (n)	Percentage (%)
1. Age		
Late adolescence (17 – 25)	13	14,4
Early adult (26 - 35)	62	68,9
Late adult (36 - 45)	15	16,7
2. Education		
Elementary	9	10
Junior high school	13	14,4
Senior high school	37	41,1
Diploma	12	13,3
Bachelor	19	21,1

3. Job		
Working	87	96,7
Not working	3	3,3
4. Income		
0	3	3,3
< 1.000.000	8	8,9
1.000.000 - 3.000.000	40	44,4
> 3.000.000	39	43,3
Total	**90**	**100**

Table 2: Frequency Distribution of Husbands' Knowledge of ANC in Mimika District, 2021 (n=90).

Husband's Knowledge	Frequency (n)	Percentage (%)
Good	57	63,3
Less	33	36,7
Total	90	100

Table 3: Frequency Distribution of Husband Support for pregnant women implementing ANC in Mimika Regency, 2021 (n = 90).

Husband's Knowledge	Frequency (n)	Percentage (%)
Supporting	32	35,6
Without supporting	58	64,4
Total	90	100

Table 4: Frequency Distribution of Compliance of pregnant women implementing ANC in Mimika Regency, 2021 (n = 90).

Compliance of Pregnant Women	Frequency (n)	Percentage (%)
Compliance	46	51,1
Without compliance	44	48,9
Total	90	100

Discussion

The relationship of husband's knowledge of an ANC with the compliance of pregnant women carrying out the ANC

Based on the results of the study, it is known that there is a relationship between the husband's knowledge and the compliance of pregnant women as evidenced by the value of P = 0.03 (P-Value≤0.05). In line with the research conducted by [4], which stated that there was a significant relationship between the husband's knowledge and the ANC examination at the Marsabut Lake Health Centre, South Tapanuli Regency in 2019. In this study, the better the husband's knowledge or perception of the risk of pregnancy, the husband will motivate pregnant women to comply with the ANC examination. Behavior is influenced by several factors according to the theory of Lawrence Green (2010), including predisposing factors, one of which is knowledge. Husbands who have good knowledge of ANC will help pregnant women to remind and motivate in implementing ANC. This is important because the husband is the closest person to the pregnant woman. Another factor that affects behavior is supporting factors that come from the environment such as the distance of residence to health services that are far away so that it will incur more costs. According to the researchers' assumptions, husbands who have good knowledge of the ANC can be seen from pregnant women who are obedient to implementing the ANC. The husband's behavior can be influenced by his level of knowledge about the ANC, where the husband is the closest person to the pregnant woman so that it can motivate the pregnant woman to comply with the ANC. The distance of residence can also affect behaviors which with long distances will require more costs.

Husband support relationship for pregnant women implementing ANC with compliance of pregnant women Implementing ANC

Based on the results of the study, it is known that there is a relationship between husband support and the compliance of pregnant women as evidenced by the value of P = 0.01 (P-value≤0.05). In line with the research conducted by [2], which stated that there was a significant relationship between husband support and ANC visits in the working area of Puskesmas Perumnas II, 2015. In this study, it is explained that husband support is important for maternal pregnancy because sometimes mothers are faced with situations of insecurity and solitude, so the husband is expected to always motivate and accompany pregnant women. Support is the existence, availability, care of the people we rely on, appreciate and love. The husband is the most important person for a pregnant woman. Much evidence has been shown that pregnant women who are noticed and loved by their partners during pregnancy will show fewer emotional and physical symptoms, easier to adjust during pregnancy and less risk of complications of childbirth. This is believed to be because there are two main needs that pregnant women show, namely receiving signs that they are loved and valued and the need for acceptance of their partner towards their child. According to the researchers' assumptions, husbands who do not support pregnant women to carry out ANC can be seen from pregnant women who are not obedient to implement an ANC, because they are influenced by work factors [5,6]. Where in this study, the majority of husbands works and have a high income so that the husband is busier at work and does not accompany his wife.

Acknowledgment

Conflict of Interest

There is no conflict of interest between authors.

References

1. Situmorang HE, Sweet L, Graham K, Grant J (2021) Health care provider's perceptions of factors that influence infant mortality in Papua Indonesia: A qualitative study. Women and Birth 35(2): 201-209.

2. Marsitha AA (2017) Hubungan tingkat pengetahuan dan dukungan suami terhadap kunjungan antenatal care di wilayah kerja puskesmas perumnas II. Jurnal Mahasiswa PSPD FK Universitas Tanjungpura 5(1).

3. De Laila I, Burhan IR, Handayani T (2020) Hubungan dukungan suami terhadap kelengkapan kunjungan ANC di puskesmas lubuk buaya. JurnalIlmu Kesehatan Indonesia 1(2): 1-6.

4. Sari N (2019) Hubungan Pengetahuan suami dengan pemeriksaan antenatal care k4 di puskesmas danau marsabut kabupaten tapanuli selatan tahun 2019. Indonesian Health Scientific Journal 4(2): 98-104.

5. Kemenkes RI (2020) Pedoman pelayanan antenatal, persalinan, nifas, dan bayi baru lahir di era adaptasi baru. Direktorat Kesehatan Keluarga.

6. Zai IA (2019) Hubunganpengetahuan dan dukungan suamidenganke patuhanibumela kukanpemeri ksaankehamilan di Puskesmas Ulu MorooNas Barat 2019.

For possible submissions Click below:

Submit Article