

Relationship of Family Support to *Antenatal Care* (ANC) Inspection in Work Area of Puskesmas Gunung Anyar Surabaya

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Abstract

One indicator of the level of health quality of a region is the Maternal Mortality Rate (MMR). The maternal mortality rate in Surabaya is still high. At 2016, AKI is 85.72 per 100,000 live births. Antenatal Care (ANC) is a pregnancy examination to optimize the mental and physical health of pregnant women, so as to be able to deal with labor. This study aims to analyze the relationship between family support for ANC examination in pregnant women in the work area Puskesmas Gunung Anyar Surabaya. This analytic observational study used cross sectional approach. The population of this study is pregnant women in 2018 in the work area Health Center Puskesmas Gunung Anyar Surabaya as much as 1089 respondents. Sampling was done by using Random sampling system to get 75 respondents. Collected data is processed statistically using Spearman test. Spearman test result with 95% confidence level, obtained p value <0,022. Based on the test results, the hypothesis proposed is accepted in other words there is a relationship between family support with ANC examination. Furthermore, the correlation coefficient (r) 0.264 shows that there is a positive correlation and a strong relationship between the function of family support with compliance ANC examination. Based on this research it is suggested that health practitioner give counseling to the nearest family, especially husband to actively participate in supporting pregnant mother to conduct pregnancy examination in health service.

Keywords : Antenatal Care (ANC), Family Support, Maternal Mortality Rate (MMR)

PRELIMINARY

Maternal mortality rate (MMR) is one indicator of the health level of a region. In other words, the high maternal mortality rate, indicating the low level of health in the area. Maternal Mortality Rate (MMR) describes the number of mothers or women who died from a cause of death related to pregnancy or treatment disorder (excluding accidents or incidental cases) during pregnancy, childbirth and in the puerperium (42 days after delivery) without taking into account the length of pregnancy per 100,000 live birth. Maternal Mortality Rate is useful to describe mother's nutritional status and health, environmental

condition, health service level especially for pregnant mother, mother during childbirth and childbirth¹.

Based on the Indonesian Demographic Health Survey (SKDI) in 2015, the maternal mortality rate in Indonesia is still high at 305 per 100,000 live births. This figure is slightly decreased when compared with the SDKI in 2012, which amounted to 359 per 100,000 live births. The high maternal mortality rate makes Indonesia fail to achieve the Millennium Development Goals (MDGs) target of 2015 MDGs target is 102 per 100,000 live births².

Maternal Mortality Rate in Surabaya City in 2016 was 85.72 per 100,000 live births. This number

decreased from the year 2015 which amounted to 87.35 per 100,000 live births³.

Antenatal care (ANC) is a pregnancy test to optimize the mental and physical health of pregnant women. So that able to deal with childbirth, postpartum, preparation of breastfeeding and a reasonable return of reproductive health. An ANC visit is a pregnant woman's visit to a midwife or doctor as early as possible since she feels she is pregnant for antenatal care or care. Antenatal care is to prevent obstetric complications whenever possible and to ensure that complications are detected as early as possible and adequately addressed⁴.

Maternal and maternal mortality is influenced by several factors, namely late 3 risk factors that are late in making decisions at the family level, late referring, late to handle. In addition, too four factors are too young to be under 20 years old, too old over 35 years, too close to birth less than 2 years, and too many / more than 4 times of childbirth⁵.

Late risk factors for family-level decision making are a lack of family support in their role against integrated ANC examination. Families are two or more of two individuals who are affiliated because of blood relations, marital relations or rapture and they live in one household, interacting with each other. A person's life does not necessarily live individually, there is help from others. The family is the closest person to help and help each other, especially during pregnancy.

Based on the above description, it is deemed necessary to examine the relationship between family support with the status of ANC examination in pregnant women in the work area of Puskesmas Gunung Anyar Surabaya.

METHOD

This research is a research using quantitative observational analytic method. The study approach used is cross sectional which takes a sample from the population at one time. Population in this research is pregnant woman in work area of Puskesmas Gunung Anyar equal to 1089 pregnant mothers in year 2018. The sample in this research is pregnant woman taken by random sampling with amount of sampel determined counted 75 responden which then taken data of pregnancy examination through KIA book with the same time. Data analysis used SPSS Spearman test as correlation test of two categorical variables.

RESEARCH RESULT

Characteristics of respondents used in this study were assessed based on age, education, and income that can be seen in the distribution of the table below.

Table 1. Characteristics of Respondents by Age, Education, and Revenue.

Variable		N	Persentase %
Age	<20 year	24	32,0%
	20-35 year	38	50,7%
	>35 year	13	17,3%
Education	Under Bachelor	30	40,0%
	Bachelor	45	60,0%
Work	Not Work	31	41,3%
	Work	44	58,7%

Based on table 1, it can be concluded that based on age the majority of respondents aged between 20-35 years. Based on the characteristics of education, most respondents complete education up to Bachelor Degree. While based on the work of more than half of respondents is working.

Table 2. Distribution of respondents based on family support

Family Support	N	Percentage %
Not Support	28	37,3%
Support	47	62,7%
Total	75	100%

Based on table 2, it was found that 37.3% of respondents have not received family support. Furthermore, 62.7% of respondents have received family support.

Table 3. Distribution of Respondents Based on ANC Inspection

ANC Inspection	N	Percentage %
Not done	3	4%
Done	72	96%
Total	75	100%

Based on table 3, more than half of respondents are as many as 72 families 96% carry out the functions of ANC well. There are 3 families or 4% who have not done ANC well.

Table 4. Cross Distribution Between Family Support and ANC Inspection

ANC Status	Family Support		Total	R	P
	Tidak	Ya			
ANC Not Done	3	0	3	0,264	0,022
ANC Done	25	47	72		
Total	28	47	75		

Based on table 4, out of 75 of respondents who were interviewed, obtained the result of 3 respondents have not done ANC examination and did not get family support. Furthermore, as many as 25 respondents have done ANC examination but did not get support from family. A total of 47 respondents have conducted ANC examination and received support from the family. This suggests that the more there is family

support the compliance to carry out ANC examinations is increasing.

Based on statistical test result using Spearman hypothesis test with 95% confidence level so obtained p value <0,022 then hypothesis accepted. This means that there is a connection between the family support function and the compliance of the ANC examination. Correlation coefficient value obtained (r) 0.264 which indicates a positive correlation. indicating a strong relationship between family support functions and compliance with ANC examinations.

DISCUSSION

The result of this research is $r = 0,264$ $p = 0,022$ ($p < 0,05$) indicating significant relationship between family support function and compliance of ANC examination. It shows that the better a family plays an active role in supporting and motivating, it will be more obedient also pregnant women in the family to conduct ANC examination well and complete.

Families are two or more individuals who join because of blood relations, marriage and adoption in one household, who interact with each other in roles and create and maintain a culture⁶.

Family support can be realized if the family function runs optimally. The five main aspects of family function are adaptation, partnership, growth, affection, and togetherness. With the implementation of these functions, then a prosperous family is formed with members who give each other support⁷.

Family support is important in the realization of a positive thing. Family support sees that supportive people are always ready to provide help and help if needed. The nuclear family as well as the extended family function as a support system for its members, both in

the form of emotional, instrumental, informative and rewarded⁸.

Family support among others comes from the support of husband, family or other relatives, parents, and in-laws. Husband support is very important because the husband is the closest member who can reduce anxiety in pregnant women. In line with Hafidz (2007) in his research on the relationship of husband and parent role with pregnant woman behavior in ANC service, got result of significant relation between husband role and pregnant woman behavior in ANC service⁹.

In line with research conducted by Rahayu in 2015, shows a link between family support and the implementation of the ANC. The lower the family support the possibility of non-compliance in carrying out the higher ANC. The results of this study are supported also by previous research by Agustini et al (2013) who also examined the relationship between family support with ANC visit of pregnant women at Puskesmas Buleleng 1 Bali^{10,11}.

CONCLUSION

Based on research results and the above discussion, can be concluded that there is a significant positive relationship between family support and ANC service coverage. The higher the family support, the higher the scope of a good ANC examination can be accomplished, thus reducing the risk of maternal death.

Ethical Approval: Related departments should be assured about the confidentiality of the results of questionnaires.

Conflict of Interest: The authors report no conflict of interest.

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SUGGESTION

1. To health practitioners are expected to be more active to do tips in order to reduce maternal mortality by providing views or counseling to the nearest relatives, especially husbands in order to play an active role in supporting pregnant women to perform examination of pregnancy in health services.

2. It is expected that the next researcher can make this research as input and information for further research and can examine other factors related to pregnancy examination in health service.

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