Behavior of Pregnant Women in Using Posyandu to Check ANC (Anteatal Care) at Eka Sriwahyuni Clinic Medan 2023

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ABSTRACT

Antenatal care is crucial for the survival of both the mother and fetus during pregnancy and childbirth. ANC services consist of observation, education, and treatment for pregnant women. The objective of this research is to identify the factors that affect maternal compliance with Antenatal Care Visits at the Eka Sriwahyuni Clinic in Medan. The research design is analytical observation. The study population comprised of 17 pregnant women who attended Posyandu Klinik Eka Sriwahyuni Medan. The sample was selected using total sampling technique. Data was collected through a questionnaire and analyzed using the Chi Square test (p value <0.05). The study found that 64.7% of respondents had sufficient knowledge, 70.6% had attitudes in the sufficient category, and 52.9% had husband support in the sufficient and partial categories. Additionally, 64.7% of respondents had good compliance with visits. The chi-square test results indicate a relationship between knowledge, attitudes, and husband's support factors and compliance with Antenatal Care Visits at the Eka Sriwahyuni Clinic in Medan. To further explore factors that may influence ANC visit compliance, future researchers should consider economic factors and distance from health facilities. This research involved visiting respondents individually, which may have been less effective.

Keywords: behavior, antenatal care, posyandu

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1. INTRODUCTION

Antenatal Care (ANC) services aim to improve the physical and mental health of pregnant women so that they can undergo pregnancy until delivery safely. According to [38], ANC services are provided to pregnant women during their pregnancy. Antenatal services are crucial for ensuring the safety of both the mother and the fetus during pregnancy and delivery. ANC services are a planned program that includes observation, education, and treatment for pregnant women.

The Maternal Mortality Rate (MMR) is a benchmark and indicator used to measure the success of efforts to maintain the health of pregnant women. In Indonesia, nearly 20,000 maternal deaths occur each year due to complications during pregnancy or childbirth. According to data from the 2015 Indonesian Demographic and Health Survey (SDKI) conducted by the Survey Implementing Agency (BPS), the maternal mortality rate (MMR) in Indonesia was 305 deaths per 100,000 live births. This figure exceeds the target of 102 deaths per 100,000 live births set by [41].

Pattipeilohy (2017) defines an ANC visit as a pregnant woman's visit to health services as soon as possible after becoming pregnant to receive appropriate care. This antenatal service aims to prevent obstetric complications whenever possible, detect complications early, and provide adequate treatment. Antenatal care (ANC) is crucial for early detection of high-risk pregnancy and childbirth, which can reduce maternal mortality and monitor fetal condition. In addition, regular ANC provides counseling and examination for genetic diseases to ensure the health of both mother and baby.

Research from the Ministry of Health (2013) indicates that the number of visits for first trimester ANC ranged from 72.3% (2010) to 81.3% (2013), and for third trimester (K4 coverage) ranged from 61.4% (2010) to 70.0% (2013). These figures fall short of the national target of at least 95%. This indicates that individuals' behavior in monitoring
their pregnancies does not align with national expectations and goals of 95% compliance. Given the significance of regular pregnancy check-ups, as outlined by national targets, it is crucial to investigate the factors that impact pregnant women’s adherence to Antenatal Care.

According to [41], there are several factors that influence visits by pregnant women. Compliance with ANC visits is influenced by characteristics, behavior, and poor service quality, including facilities, human resource competency, socio-economic, and socio-cultural factors. Green (2005) suggests that individual behavior is influenced by three domains: knowledge, attitudes, and practices. Pregnant women require interpersonal support from their husbands to achieve compliance with Antenatal Care (ANC) visits, in addition to practicing healthy behaviors [43]. This study aims to identify the factors that influence maternal compliance with ANC visits.

According to Purwoastuti and Walyani (2015), healthy behaviors during pregnancy are influenced by three factors: predisposing, supporting, and driving factors. Predisposing factors are related to knowledge. According to Wibisono & Dewi (2009), decisions and actions towards problems cannot be made without someone's knowledge. Supporting factors include the physical environment and access to health facilities for pregnant women, such as affordable Posyandu. According to Purwoastuti & Walyani (2015), health workers, family support, and community leaders play important roles in determining pregnancy conditions. Health workers are crucial in assessing the needs of families and supporting mothers to increase their confidence and reduce anxiety during childbirth. Community figures also serve as determinants of pregnancy conditions. Subaris (2016) suggests that social capital can influence pregnant women to adopt healthy behaviors, preparing them for pregnancy and childbirth.

Posyandu, or integrated service post, is a community-based health initiative managed and organized by the community with the assistance of health workers in a Puskesmas work area. Its purpose is to empower the community and provide convenient access to basic health services, particularly for pregnant women, in order to accelerate the reduction of maternal and infant mortality rates. The program can be implemented in village halls, city halls, and other easily accessible locations. This information is based on Ismawati's narrative (2010).

The purpose of Antenatal Care is to monitor pregnancy progress, maintain maternal and fetal health, and promote physical, mental, and social well-being. Additionally, it can detect pregnancy complications early on, allowing for adequate preparation for labor and safe delivery. This includes preparing mothers for the postpartum period, promoting normal walking, and facilitating good breast milk production. Additionally, Antenatal Care can help prepare the mother and family for the arrival of the baby.

Antenatal care services play a crucial role in ensuring a healthy pregnancy and maintaining the well-being of both the mother and baby. It is important to maintain a clear and logical structure, use precise language, and avoid biased or emotional language. The text should also adhere to formatting guidelines and be free of grammatical errors and spelling mistakes. Around 15% to 20% of pregnant women are estimated to have a high risk of obstetric complications that can affect both the mother and fetus if not treated early. The risk is particularly high for women under 20 or over 35 years old, as well as those with a height of less than 145 cm and a body weight of less than 45 kg. Additionally, birth spacing can also pose a significant risk.

2. METHOD

The research uses a cross-sectional design. All variables were measured simultaneously at the Eka Sriwahyuni Clinic in Medan. The data used in this research is primary data obtained from distributing questionnaires to 17 pregnant women at the Eka Sriwahyuni Clinic in Medan. The research employed total sampling as the sampling technique. The independent variables considered were knowledge, attitudes, and husband’s support, which are known to influence maternal behavior. The dependent variable in this study was ANC compliance. The study was conducted at the Eka Sriwahyuni Clinic in Medan in June 2021. The study examines the relationship between ANC compliance and Factors Influencing Maternal Behavior, which include knowledge, attitudes, and husband’s support. The research instrument used to measure ANC compliance was a questionnaire. The questionnaire collection sheet was used to measure compliance with Antenatal Care visits.

3. RESULT & DISCUSSION

The study includes information on the characteristics of the respondents, such as their age, education, gender, length of service, position, and employment status.

Tabel 1. Respondent Frequency

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Category</th>
<th>Freq</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>22 – 25 years</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td>26 – 30 years</td>
<td>5</td>
<td>29.4</td>
</tr>
<tr>
<td></td>
<td>31 - 35 years</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>36 - 40 years</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Education</td>
<td>Elementary</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Junior High School</td>
<td>8</td>
<td>47.1</td>
</tr>
</tbody>
</table>
Table 1 shows that 35.3% of the respondents were aged 31-35 years. Additionally, around 47.1% of the mothers had at least a junior high school education. The majority of the respondents worked as domestic workers (70.6%). Furthermore, 58.2% of the respondents were in their 1st trimester, while almost half (47.1%) were in their 2nd trimester.

Table 2. Knowledge and Behavior Variables of Pregnant Women

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Freq</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Good</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Enough</td>
<td>11</td>
<td>64.7</td>
</tr>
<tr>
<td></td>
<td>Not Good</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>Behavior</td>
<td>Good</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td>Enough</td>
<td>12</td>
<td>70.6</td>
</tr>
<tr>
<td></td>
<td>Not Good</td>
<td>2</td>
<td>11.2</td>
</tr>
<tr>
<td>Family Support</td>
<td>Good</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td>Enough</td>
<td>9</td>
<td>52.9</td>
</tr>
<tr>
<td></td>
<td>Not Good</td>
<td>5</td>
<td>29.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 shows that 64.7% of the respondents have sufficient knowledge, 70.6% have sufficient attitudes, and 52.9% have the support of their husbands.

Table 3. Prenatal Care Appointment Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Kategorii</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care Appointment</td>
<td>Accurate</td>
<td>11</td>
<td>64.7</td>
</tr>
<tr>
<td></td>
<td>Not Accurate</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 shows that 64.7 percent of the respondents have visited a Posyandu or a clinic.

Table 4. Influencing Factors of Maternal Behavior towards Antenatal Care (ANC)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Visit Accuracy</th>
<th>Total</th>
<th>Odds Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accurate</td>
<td>Not Accurate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>1 (5.9%)</td>
<td>3 (17.6%)</td>
<td>4 (23.5%)</td>
<td>2.250</td>
</tr>
<tr>
<td>Enough</td>
<td>5 (29.4%)</td>
<td>6 (35.3%)</td>
<td>11 (64.7%)</td>
<td></td>
</tr>
<tr>
<td>Not Good</td>
<td>0 (0.0%)</td>
<td>2 (11.8%)</td>
<td>2 (11.8%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6 (35.3%)</td>
<td>11 (64.7%)</td>
<td>17 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

According to Table 4, the majority of respondents had good knowledge (11, or 64.7%), which influenced their compliance with ANC visits. Of those, 5 (29.4%) were accurate and 6 (35.3%) were inaccurate. The results of the Chi
Square test showed a significant relationship between knowledge and compliance with ANC visits, with $p = 0.027$, indicating a statistically significant result.

### Tabel 5. Factors Influencing Maternal Behavior in Compliance with Antenatal Care (ANC) Visits

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Visitation accuracy</th>
<th>Total</th>
<th>Odds Ratio</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>Accurate</td>
<td>Not Accurate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 (5.9%)</td>
<td>2 (11.8%)</td>
<td>3 (17.6%)</td>
<td></td>
</tr>
<tr>
<td>Enough</td>
<td>4 (23.5%)</td>
<td>8 (47.1%)</td>
<td>12 (70.6%)</td>
<td>1.550 0.031</td>
</tr>
<tr>
<td>Not Enough</td>
<td>1 (5.9%)</td>
<td>1 (5.9%)</td>
<td>2 (11.8%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6 (35.3%)</td>
<td>11 (64.7%)</td>
<td>17 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

According to Table 5, the majority of the respondents’ attitudes fell into the fair category, with 12 (70.6%) indicating this. This attitude had an impact on compliance with ANC visits, with 4 (23.5%) indicating non-compliance and 8 (47.1%) indicating compliance. There was a significant relationship between attitudes and compliance with ANC visits, with $p = (0.031) < (0.050)$, according to the results of the chi-squared test.

### Tabel 6. Factors that influence mother's behavior towards husband's support (ANC)

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Visitation accuracy</th>
<th>Total</th>
<th>Odds Ratio</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>Accurate</td>
<td>Not accurate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 (5.9%)</td>
<td>2 (11.8%)</td>
<td>3 (17.6%)</td>
<td></td>
</tr>
<tr>
<td>Enough</td>
<td>4 (23.5%)</td>
<td>5 (29.4%)</td>
<td>9 (52.9%)</td>
<td>3.320 0.01</td>
</tr>
<tr>
<td>Not Good</td>
<td>1 (5.9%)</td>
<td>4 (23.5%)</td>
<td>5 (29.4%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6 (35.3%)</td>
<td>11 (64.7%)</td>
<td>17 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

According to Table 6, the majority of the respondents’ husbands provided sufficient support (52.9%). This influenced compliance with ANC visits (23.5% and 29.4%). The results of the chi-squared test showed a significant relationship between the support of the husband and the compliance with ANC visits ($p = 0.01$, which is less than the significance level of 0.05).

The research results also indicate a correlation between the knowledge of pregnant women and adhering to ANC visits. There is a correlation between the level of knowledge and compliance with ANC visits at the Eka Sriwahyuni Clinic in Medan, as evidenced by the value ($0.027 < 0.05$). The language used is clear, objective, and value-neutral, avoiding biased, emotional, figurative, or ornamental language. This correlation is observed in the compliance of pregnant women with ANC visits. The passive tone and impersonal construction are used, and the first-person perspective is avoided unless necessary. The text is free of grammatical errors, spelling mistakes, and punctuation errors. Knowledge is a factor that influences changes in behavior, providing rational thinking or motivation for an activity, and facilitating a person’s behavior. This study examines the compliance behavior of ANC visits that may be influenced by the level of knowledge. Research data shows that out of the 17 mothers who had sufficient knowledge about ANC visit compliance, 64.7% carried out ANC checks correctly. This indicates a correlation between the level of knowledge about ANC visit compliance and correct ANC examination.

Furthermore, a correlation was found between how pregnant women behave and how they feel about complying with ANC visits. This section discusses the factors that can influence knowledge, with age and education playing a significant role. According to Patel's (2016) research, higher levels of education are associated with better knowledge, which can help in the selection of relevant information to support that knowledge. This statement is in line with the research conducted by Ismainar et al. (2020), which suggests that education and knowledge levels influence the mindset that contributes to compliance with antenatal care. Age is also a factor that influences a person's knowledge, and the research results indicate that the majority of respondents were between the ages of 24-30 years (early adulthood) (60.0%). According to the research conducted by Subekti and Sulistyoriini (2018), a person's age does not influence their behavior and knowledge when it comes to seeking information about new or unknown things. Both young and old people have the motivation to live healthy and pay attention to their health.

The research findings are consistent with Astuti's (2015) study, indicating a significant correlation between pregnant women's knowledge level and their visits to the Duren Community Health Center in Semarang Regency ($p = 0.008 \leq 0.05$; $OD = 15.0$). These results align with the research conducted by Syamsiah and Pustikasari (2014). The study found a significant correlation between knowledge and ANC visits for pregnant women in West Jakarta ($p=0.032 \leq 0.05$; $OR=3.83$).

Additionally, the results showed that attitudes also play a role in compliance with ANC visits, as evidenced by the value ($0.031 > 0.05$). These findings suggest that a mother's attitude can influence her compliance with ANC visits. Attitude refers to a person's reaction or response to a stimulus or object, which is still closed. Pregnant women's behavior is influenced by two factors: external and internal. Experiential factors shape and influence stimuli.
Attitude formation is influenced by personal experience, culture, important individuals, mass media, educational and religious institutions, as well as emotional factors within the individual. To enhance mothers' understanding of the significance of antenatal care, health education, community leader involvement, and religious organizations can be utilized.

However, research findings indicate that attitudes are influenced by various factors, including education and age. The majority of respondents have a positive attitude, which is influenced by educational factors. Education has a significant impact on a person's attitudes and actions, as noted by Notoadmodjo (2012). Notoadmodjo (2012) states that individuals with higher levels of education are more likely to accept and adapt to new ideas, as reflected in their attitudes and actions.

Age is a significant factor that can influence a person's attitude. Age is a significant factor that can influence a person's attitude. It is important to note that subjective evaluations have been excluded from this analysis. Research has shown that older individuals, with higher levels of ability and maturity in thinking and receiving information, tend to acquire new knowledge more easily. Additionally, a person's socio-economic status can also play a role in this process. These findings are consistent with the research conducted by Chaerunnisa and Darmawansyah (2014), which indicated a correlation between attitudes and the utilization of antenatal care services among pregnant women at the Mamajang Community Health Center in Makassar City in 2014 (ρ = 0.043 ≤ 0.05). Similarly, Rahman (2017) found a significant association between pregnant women's attitudes towards the importance of antenatal care and its utilization (p = 0.039).

Meanwhile, this research shows a correlation between a husband's support and compliance with ANC visits for pregnant women. The correlation is proven by the value (0.010) < (0.05). Additionally, the study found that husbands who provided accurate schedules for antenatal care visits during the third trimester had a higher compliance rate in Bagi Village, Madiun District/Regency in 2017 (ρ = 0.012 <= 0.05). These results are consistent with previous research indicating a positive correlation between husband support and ANC visits for pregnant women at the Kembangan District Health Center in West Jakarta (ρ = 0.038 ≤ 0.05; OR = 3.92) (Syamsiah and Pustikasari, 2014).

The data shows that 17 mothers received sufficient support from their husbands to attend ANC visits. Six mothers correctly carried out the ANC examination, indicating that husband's support is a positive factor. Such support reflects attitudes, actions, and acceptance of the wife's condition, making proper ANC examination necessary to determine the pregnancy's condition.

Husbands can provide various forms of support during their wives' pregnancies, including informational support, which involves providing advice, guidance, ideas, or other necessary information about proper ANC testing. In addition, husbands can provide appreciative support by acknowledging and paying attention to the state of their wives' pregnancies (Laksono et al., 2020). Finally, instrumental support can be provided by taking the wife for a check-up and paying for the ANC test. Apart from that, emotional support is also necessary through attentive listening, sympathy, and empathy for the wife's condition.

4. CONCLUSION
The study concludes that there is a correlation between the level of maternal knowledge and compliance with ANC visits at the Eka Sri wahyuni Clinic in Medan. Additionally, there is a correlation between the mother's attitude and compliance with ANC visits at the same clinic, as well as a correlation between husband's support and compliance with ANC visits at the Eka Sri wahyuni Clinic in Medan.

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REFERENCES


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