



The relationship between family function and antenatal care compliance at primary health care

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Abstract

Background: Antenatal care services are very influential in reducing mortality due to childbirth if done with the number and frequency in accordance with service standards. The influential factor in implementing antenatal care is family support such as social support from both husband and family that have an important role to prevent from the threat of mental health. The role of a good family support, can encourage pregnant women to carry out antenatal examinations according to standards.

Objective: To analyze the relationship between family function and antenatal care compliance at Primary Health Care.

Method: This type of research is analytic observational with cross sectional approach. Respondents were taken using purposive sampling method totaling of 74 respondents. The study sample was pregnant and postpartum women at Kartasura Primary Health Care. Measurement of family functions using the APGAR questionnaire. This study uses Chi Square statistical tests.

Results: Based on family function, 48 families (64.9%) were classified as healthy families with 56 obedient pregnant women carrying out ANC, 26 families (35.1%) less healthy with 18 obedient pregnant women. This study uses a test Chi Square statistics obtained $p = 0.001$.

Conclusion: There is a significant relationship between family function and antenatal care compliance.

Keywords: family function, compliance, antenatal

Introduction

The high mortality rate in pregnant women is related to the inadequate coverage and quality of antenatal and postpartum health services, the health and nutrition status of pregnant women who are still low, and very closely with the role of husbands. Pregnancy examination is very important for all pregnant women to know fetal growth and maternal health. Almost all pregnant women in Indonesia 95.4% have had K1 antenatal care and pregnancy frequency of at least 4 times during pregnancy is 83.5% (Risksdas, 2013) ^[5].

Based on National Standard Indonesian Medical Doctor 2015 the maternal mortality rate in Indonesia reached 305 maternal deaths per 100,000 births. In 2012 in Central Java Province, the maternal mortality rate was 116.34 per 100,000 live births, compared to the maternal mortality rate in 2011 which increased by 116.01 per 100,000 live births (Ministry of Health, 2012).

According to the Central Java Health Profile, in Central Java the examination of antenatal care services in K1 reached 98.89% in 2012, while for K4 services was 92.99% decreased compared to 2011, and still below the 2015 SPM target of 95% (Ministry of Health, 2012).

Data obtained from in September 2016, the number of K1 pregnant women in the village of Makamhaji 16.8%, Kartasura 15.3%, Pucangan 12.5%, Ngadirejo 10%, Gumpang 8.6%, Pabelan 7%, Singopuran 6.6%, Gonilan 6%, Ngabeyan 5%, Wirogunan 4.5%, Ngemplak 4%, and Kertonatan 3.7%. For K4 the largest pregnant women in Makamhaji village were 17.4%, Kartasura 15.2%, Pucangan 13%, Ngadirejo 10.1%, Gumpang 9%, Singopuran 6.6%, Pabelan 6.5%,

Gonilan 6%, Ngabeyan 4.5%, Wirogunan 4.1%, Ngemplak 4% and Kertonatan 3.6%. Then it was proposed to conduct this research at Kartasura Primary Health Care.

Family is two or more than two individuals who are joined because of blood relations, marital relationships or appointments and they live in one household, interact with each other and in their respective roles create and maintain culture (Friedman, 2010) ^[6].

According to (Friedman, 2010) ^[6] there are 5 family functions, namely: (a) Affective function.

Affective function is a family function in the formation of children's personality, strengthening the personality of adults and meeting the psychological needs of family members. (b). Social function. The function of socialization is the family's function in preparing children so that they can become productive members of society. (c). Reproductive function. The function of reproduction is to maintain the continuity of the lineage that will play a role in community members. (d). Economic function. Economic function is an effort to provide family economic resources, and regulate their use. (e). Health care function. (f). Antenatal care is a care given to pregnant women since fertilization is ensured until the beginning of labor (Marmi, 2011) ^[9].

According to Notoatmodjo (2010) ^[10] the factors that influence compliance are divided into: (a). Education. Education in general is a planned effort to influence other people both individuals, groups or communities as to do what is expected by education actors. Health education is the application or application of education in the health sector (Notoatmodjo, 2010) ^[10]. (b). Work. Work is those who do

work to produce goods or services with the aim of earning income or profit, whether they work full or not. Job is something that is done to find or earn a living. (c). Knowledge. Knowledge is the result of "knowing" and this happens after people sensing a particular object. Sensing occurs through the five senses of man, namely the sense of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2010) [10]. There are basic functions of the family, namely adaptation, communication, growth, togetherness, and affection. Family function of pregnant women plays an important role in maintaining pregnancy, as well as antenatal visits. The functions of togetherness and affection have a lot of influence on the satisfaction of pregnant women on emotional interactions in the family. The role of the family, especially the husband in accompanying his wife to do antenatal care is an application of the emotional aspects of family intimacy (Wibosono, 2011).

Various factors that influence the achievement of KI and K4 visits, the success of maternal and child health efforts, especially prenatal care, have the support of husbands who participate in reminding of pregnancy examinations. Pregnant women during their pregnancy experience physical and psychological changes. This shows that the anxiety experienced by pregnant women is more prevalent in those who lack social support. Approximately 61.9% of pregnant women who received support from their husbands had high motivation for antenatal care. Husband's support can reduce anxiety that occurs in pregnant women is the support of husbands obtained from husbands, families or other relatives. Husband's support given to prospective mothers will lead to a feeling of calm, a positive attitude towards themselves and their pregnancy, therefore, it is expected that mother can maintain her pregnancy well until delivery (Ambrawati, 2014) [11].

This study used observational analytic with cross sectional design. Cross sectional is a study to study the relationship between risk factors and effects, by means of approach, observation or data collection at once. The advantage of using this research design is that it can determine the magnitude of the problem in the population, make initial hypotheses and obtain an overview of disease patterns (Notoatmodjo, 2012) [11].

Methods

This research was carried out at the Kartasura Primary Health Care Community Development Center in Sukoharjo District in November-December in 2016. The population used was pregnant women at the end of the third trimester who conducted examinations in November-December 2016 at the Kartasura Primary Health Care Posyandu as many as 74 pregnant women. The sample of this study were pregnant women in Kartasura sub-district. Technique sampling used in this research was purposive sampling technique. The instruments used in this study were the APGAR Family Questionnaire which was given to all family members over the age of 15 years, the Lie-Minnesota Multiphasic Personality Inventory (L-MMPI) Questionnaire and the Respondent's Personal Data Questionnaire. This research used bivariate analysis to be precise using the Statistical Program for Social

Scienc 23.0 (SPSS 23.0) for Windows with the calculation of Chi Square test statistics if it meets the requirements (expected value less than 5, maximum 20% of the number of cells) if the conditions are not met then continue using alternative tests, namely Fisher's test or Kolmogorov-Smirnov (Dahlan, 2014) [4].

Results and discussion

Description of Univariate analysis results

Research on the relationship between family function and antenatal care adherence in pregnant women at Kartasura Primary Health Care was conducted from November to December 2016. Samples were obtained from three posyandu assisted by Kartasura Health Center. The sample criteria used in this study were third trimester pregnant women and newborn mothers in the Posyandu assisted by the Kartasura Health Center and willing to complete the questionnaire.

Table 1: Sample Distribution Based on Education, Age, Antenatal Care Compliance, and Family Function

Variable	Characteristic	N	Percentage (%)
Education level	Primary School	5	6,8
	Junior High School	10	13,5
	Senior High School	46	62,2
	Diploma	7	9,5
Age	Undergraduate	6	8,1
	< 20 years	2	2,7
	20-35 years	63	85,1
Family Function	>35 years	9	12,2
	Healthy	48	64,9
Antenatal Care Compliance	Unhealthy	26	35,1
	Obedient	56	75,7
	Disobedient	18	24,3

Source: Primary Data

Based on table 1, the highest sample education distribution in high school education was 46 (62.2%) and the least in elementary education was 5 (6.8%) samples. Based on table 1, the highest sample age distribution was found in the 21-35 year age group as many as 63 (85.1%) samples and the least in the <20 years age group were 2 (2.7%) samples.

Based on table 1, there were 56 (75.7%) samples of the most antenatal care adherence in the obedient category as many as 56 (75.7%) samples, and the least in the non-compliant category were 18 (24.3%) samples. Based on table 1 above, the most family functions was obtained in the healthy category as many as 48 (64.9%) samples and the least in the unhealthy category were 26 (35.1%) samples.

Bivariate data analysis

Table 2: Chi Square Test Results Relationship between Family Function and Antenatal Care Compliance

Family Function	ANC Compliance				Total
	Obey		Disobey		
	N	%	N	%	
Healthy	43	58,1	5	6,8	48
Unhealthy	13	17,6	13	17,6	26
Total	56	75,7	18	24,3	74

Source: Primary Data

Based on table 2, there were 43 healthy people (58.1%) who were obedient and 5 people (6.8%) who were disobedient and categorized as unhealthy families as many as 13 people (17.6%) who were obedient. and 13 people (17.6%) who were not compliant. So that from 74 samples obtained, it shows that the healthier a family is, the more compliance in carrying out antenatal care will be.

Based on the Chi square test results obtained p value = 0,000, it was concluded that there was a significant relationship between family functions and antenatal care adherence in pregnant women. This study was processed using the Statistical Program for Social Science 23.0 (SPSS 23.0) for Windows and primary data analysis with the calculation of Chi Square test statistics. The results of this study can meet the requirements to use the Chi Square test with a value of $p = 0,000$, it can be concluded that there is a significant relationship between family functions with antenatal care compliance.

The results of this research align with the study conducted by Dinarohmayanti, *et al.*, (2014) which showed that the higher the family support, the more obedient in carrying out antenatal care, with a value of $p = 0,000$, thus proving the relationship of family support by implementing antenatal care. The results of previous studies by Sari, *et al.*, (2015) ^[12], examined the factors of education, knowledge, parity, family support and family income related to the use of antenatal care, $p = 0,02$, thus proving the existence of family support relationships with antenatal care, especially the husband's support which is important in supporting prenatal care.

This research is also in line with the research conducted by Azizah in Ambarwati (2014) ^[1] saying that the benefits of individuals who obtain husband support will become more optimistic individuals in dealing with current and future life, more skilled in meeting psychological needs and having high grades, and lower levels of anxiety.

Based on research conducted by Agustini (2013) ^[2] who examined the relationship between the level of maternal knowledge and family support with the coverage of antenatal care, $p = 0,03$ was obtained, thus proving a significant relationship between family support and the coverage of antenatal care.

Family function is a function that is owned by a family to diagnose and overcome problems faced in a family. There are five assessments of family functions namely adaptation, partnership, growth, affection and togetherness. A family support is one action that makes family members feel cared for (Azwar, 1997) ^[3].

The factor that is very influential in carrying out antenatal care is family support such as social support from both husband and family or other relatives who have an important role to prevent from the threat of mental health. Good family support will cause high motivation for pregnant women to carry out antenatal examinations according to standards. There are also factors that influence the success of antenatal care examinations in pregnant women, namely the support of husbands who participate in reminding of pregnancy checks (Ambrawati, 2014) ^[1].

Conclusion

There is a significant relationship between family function and

antenatal care adherence in pregnant women at the Kartasura Health Center.

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