

# Factors Related to Pregnant Women Visit in Attending Antenatal Class

Rosya Patriana<sup>1\*</sup>, Andi Friadi<sup>2</sup>, Lisma Evareny<sup>3</sup>

<sup>1</sup>Prodi S1 Kebidanan FK UNAND, Jln. Niaga no. 56 Kota Padang, 25127, Indonesia

<sup>2</sup> Prodi S1 Kebidanan FK UNAND, Jln. Niaga no. 56 Kota Padang, 25127, Indonesia

<sup>3</sup>Prodi S1 Kebidanan FK UNAND, Jln. Niaga no. 56 Kota Padang,, 25127, Indonesia

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## CORRESPONDENCE

Phone: 085263248295

E-mail: [rosyapatriana.rp@gmail.com](mailto:rosyapatriana.rp@gmail.com)

## A B S T R A C T

Antenatal class is a shared learning for pregnant women in groups to increase knowledge, attitudes, and behaviors related to pregnancy, childbirth, complications, infant care, and family planning. But the application of antenatal class in health care still low. This study aims to determine factors related to pregnant women visit in attending antenatal class in the working area of Lubuk Buaya Health Center in 2018. This was a quantitative study with a cross-sectional design, the study conducted in the working area of Lubuk Buaya Health Center, data collection was conducted from February to October 2018. Respondents of this study were 56 third trimester pregnant women taken by simple random sampling technique. Computerized data analysis using univariate and bivariate by Chi-Square test ( $p \leq 0,05$ ). The result showed 67,9% of pregnant women have attended antenatal class less than 4 times. Bivariate analysis shows there is an association between knowledge ( $p=0,000$ ), distance to the location ( $p=0,001$ ) and husband's support ( $p=0,000$ ) with the visit of pregnant women in attending antenatal class in the working area of Lubuk Buaya Health Center in 2018. Health professionals need to improve socialization about the importance of taking antenatal class for pregnant women. In addition, it needs to consider about the distance to the location and husband's support to increase maternal visit in the antenatal class.

## I. INTRODUCTION

The success of Health Development can be seen from various indicators used to monitor health degrees as well as evaluating the success of the program. Indicators used include mortality and morbidity in mothers and infants. The maternal mortality rate in Padang City in 2017 was 94.37 per 100,000 live births and infant mortality rate 5.24 per 1,000 live births (Dinkes Kota Padang, 2017).

In order to accelerate the achievement of optimal maternal health, in addition to the ANC program, the participation of pregnant women is needed in the antenatal class. It is expected that with this activity every pregnant woman can pass pregnancy, childbirth, and childbirth safely and safely so as to reduce AKI and AKB (Kemenkes RI, 2014).

Prenatal education and psychological support can prepare mothers well in the face of labor such as reducing anxiety, pain intensity, and episiotomy/cesarean section. Prenatal education is part of routine pregnancy care that is used as an effective means of improving maternal and infant health (Firouzbakht et al., 2014).

antenatal class is beneficial in improving maternal mental health, the decline in the use of epidural anesthesia during childbirth, increase breastfeeding initiation and continuation as well as the satisfaction of parent-infant after birth (Ferguson et al., 2012; BSRC, 2015)

The pregnant women class participants consist of a maximum of 10 people in each class. It is expected that the husband or family will participate in the class at least one meeting so that they can find out important things about pregnancy, labor preparation and newborns (Kemenkes RI, 2014).

Class activities of pregnant women are facilitated by midwives or health workers who have received training in class facilitators for pregnant women and are allowed to become facilitators for pregnant women (Kemenkes RI, 2014). Pregnant women class meetings are held at least 4 times during pregnancy or in accordance with the results of the agreement of the facilitator and participants of pregnant women (Kemenkes RI, 2014).

PHC Lubuk Buaya already doing antenatal class every month in each place in PHC Lubuk Buaya working area since around 2009. However, it was recorded that only 18.9% of pregnant women took antenatal class (Laporan Puskesmas Lubuk Buaya tahun 2017).

Based on preliminary studies conducted on, this was due to a lack of knowledge of mothers regarding the benefits of the antenatal class, attitudes of mothers who were less willing to take classes in pregnant women, distance to the place of implementation and lack of husband's support for the class of antenatal class.

## II. METHODS

This was a quantitative study with a cross-sectional design, the study conducted in the working area of Lubuk Buaya Health Center, data collection was conducted from February to October 2018. Respondents of this study were 56 third trimester pregnant women taken by simple random sampling technique. Computerized data analysis using univariate and bivariate by Chi-Square test ( $p \leq 0,05$ ).

## III. RESULT

### Univariate Analysis

**Table 1. Maternal visit in antenatal class**

Pregnancy class Visit	f	%
Good	18	32.1
Less	38	67.9
<b>Total</b>	<b>56</b>	<b>100</b>

Based on table 2, the majority of respondents had a less visit in antenatal class (67.9%).

**Table 3. Knowledge**

Knowledge	F	%
Good	29	56.8
Less	27	48.2
<b>Total</b>	<b>56</b>	<b>100</b>

Based on table 3, most respondents had good knowledge about antenatal class (51.8%).

**Table 4. Attitude**

Attitude	F	%
Positive	39	69.6
Negative	17	30.4
<b>Total</b>	<b>56</b>	<b>100</b>

Based on table 4, most respondents had a positive attitude towards the antenatal class (69.6%).

**Table 5. Distance to the place of implementation**

Distance	F	%
Near	35	62.5
Far	21	37.5
<b>Total</b>	<b>56</b>	<b>100</b>

Based on table 5, most respondents have a near distance to the place where the antenatal class is held (62.5%)

**Table 6. Husband Support**

Support	F	%
Supports	10	17.9
Not support	46	82.1
<b>Total</b>	<b>56</b>	<b>100</b>

Based on table 6, most respondents were not supported by their husbands to attend antenatal class (82.1%).

**Bivariate Analysis**

**Table 7. The Relationship between Knowledge of Pregnant Women with Visit in Attending antenatal class**

	antenatal class visit				Total		95% <i>p value</i>
	Good		Less		CI		
Knowledge	f	%	f	%	f	%	
<b>Good</b>	17	58.6	12	41.4	29	100	36,833(from4.379 to309.83) 0.000
<b>Less</b>	1	3.7	26	96.3	27	100	
<b>Total</b>	18	32.1	38	67.9	56	100	

Table 7 shows that pregnant women with a good visit grade for antenatal class, a greater percentage of women with good knowledge ( 58.6%) compared to mothers with less knowledge (3.7%). Based on the statistical test obtained *p value* 0,000, meaning that there is a relationship between the knowledge of pregnant women with the visit in attending antenatal class in the working area of Lubuk Buaya Health Center in 2018.

**Table 8. The Relationship between Attitudes of Pregnant Women with Visit in Attending antenatal class**

Attitudes	antenatal class visit				Amount	
	Good		Less		f	%
	f	%	f	%		
<b>Positive</b>	18	46.2	21	53.8	39	100
<b>Negative</b>	0	0	17	100	17	100
<b>Total</b>	18	32,1	38	67.9	56	100

Table 8 shows that pregnant women with a good visit in antenatal class, the percentage is greater for pregnant women who have a positive attitude (46.2%) than pregnant women who have a negative attitude (0%). These results cannot be tested, but there is a tendency for pregnant women with negative attitudes have less antenatal class attend in the working area of the Padang City Lubuk Buaya Health Center in 2018.

**Table 9. The Relationship Between Distance to the Place of Implementation with Visit of Pregnant Women in Attending antenatal class**

Distance for	antenatal class visit				Total		95% CI	p value
	Good		Less		f	%		
	f	%	f	%				
Near	17	48.57	18	51.43	35	100		
Far	1	4.76	20	95.24	21	100	18,889(2,279	
Amount	18	32.14	38	67.86	56	100	-156,570)	0.001

Table 9 shows that pregnant women with a good visit in antenatal class, the percentage is greater for mothers with a distance between the house to the place where the antenatal class is near (48.57%) compared to the distance of the house to the place where the antenatal class is far (4.76%). Based on statistical tests obtained *p value* 0.001, meaning that there is a relationship between the distance to the place of implementation with the visit of pregnant women in the antenatal class in the working area of Lubuk Buaya Public Health Center in 2018.

**Table 10. The Relationship between Husband's Support with Visit of Pregnant Women in Attending antenatal class**

Support in antenatal class visit g	antenatal class visit				Total		95% CI	p value
	Good		Less		f	%		
	F	%	f	%				
Husband Supports	9	90	1	10	10	100	37,000	
Husband Not Support	9	19.6	37	80.4	46	100	(4,138-330,81	0,000
Total	18	32.1	38	67.9	56	100	17)	

Table 10 shows that pregnant women with a good visit in antenatal class, the percentage is higher for pregnant women with supportive husbands (90%) compared to husbands who do not support (19.6%). Based on the statistical test obtained *p value* 0,000, meaning that there is a relationship between husband's support with the visit of pregnant women in antenatal class in the working area of Lubuk Buaya Health Center in 2018.

#### IV. DISCUSSION

It aims to prepare mothers and husbands in dealing with changes that occur in mothers during pregnancy both physiologically and psychologically. In addition, the antenatal class is also intended for baby care preparation so that greater satisfaction is achieved with partners and parent-baby relationships. Pregnant women not only get the material provided by the speakers but also can discuss and exchange experiences between pregnant women. At the end of the meeting, physical activities/exercise for pregnant women were carried out as extra activities/material in the antenatal class (BSRC, 2015; Ministry of Health, 2014).

he results showed that the majority of pregnant women (67.9%) in the working area of the Lubuk Buaya Health Center in 2018 had classes of pregnant women who were less than 4 times. Only 32.1% of pregnant women have a good visit ( $\geq 4$  times).

The results of this study are in line with the research of Rosady (2016) in Payakumbuh where 70% of pregnant women do not take classes in pregnant women. In addition, research conducted by Sari (2017) at the Lubuk Kilangan Community Health Center showed that 78.3% of pregnant women did not take classes in pregnant women.

However, the results of this study are not in line with the research of Ayuningrum et al., (2015) in the Sumowono Community Health Center Semarang District where 66.7% of pregnant women visit antenatal class.

### **Knowledge**

According to Bloom's theory in Notoatmodjo (2012), before a person adopts a behavior, he must know what the meaning and benefits of it are for him. Mother's knowledge about pregnancy class will be related to her visit in the pregnancy class. In this study, 51.8% of respondents had good knowledge about pregnancy class. In the course of Rosady's research (2016) in Payakumbuh, 55% of mothers had good knowledge about pregnancy class. This result is also in line with the research of Masruroh and Prihandini (2015) in the working area of the Ringinarum Health Center in Kendal Regency where pregnant women who have good knowledge of pregnancy class are 92.9%.

The results of the bivariate analysis showed that the visit of the pregnancy class was good, the percentage was greater for mothers with good knowledge (58.6%) than for mothers with less knowledge (3.7%). Based on statistical tests obtained *p value* 0,000 ( $p \leq 0,05$ ), meaning that there is a relationship between the knowledge of pregnant women and their visit in attend pregnancy class in the working area of the Padang City Lubuk Buaya Health Center in 2018.

The results of this study are in line with Rosady's research (2016) in Payakumbuh City shows that there is a relationship between mother's knowledge about the pregnancy class with the visit of pregnant women in pregnancy class (*p value* 0.035). In line with the results of the research by Ayuningrum *et al.* (2015) in the working area of Sumowono Public Health Center, Semarang Regency, there is a relationship between the knowledge of pregnant women and their visit of in pregnancy class (*p value* 0.005).

In contrast to the results of a study conducted by Mahdiyah *et al.*, (2017) in Kertak Hanyar II Village, Kertak Hanyar Health Center, Banjar Regency, it was found that there was no relationship between knowledge of pregnant women and the participation of pregnant women in pregnancy class (*p value* 0.804).

## Attitudes

Attitude will lead someone to a further response in the form of action against the stimulus, in this case, the pregnancy class. Attitude is a readiness to act but action has not been implemented. Attitudes are a factor that can increase the possibility of participation but not necessarily manifest in action. This is influenced by personal experience, culture, and opinions of the people who are considered trusted. Therefore, there need to be other factors such as knowledge, support, and tools to realize action (Azwar, 2012).

In this study, most respondents had a positive attitude towards the pregnancy class (69.6%). Pregnant women who have a good visit to a pregnancy class have a greater percentage of pregnant women who have a positive attitude (46.2%) than those who have a negative attitude (0%). These results cannot be tested, but there is a tendency for mothers with negative attitudes to have less pregnancy class visits in the working area of Padang City Lubuk Buaya Health Center in 2018.

In the results of Yuliantika's research in the Sukolilo Public Health Center 2 (2016), there is a relationship between attitudes and visits of pregnant women in pregnancy class with a *p value of* 0.028. Pregnant women who have a bad or negative attitude towards the implementation of pregnancy class are 3.43 times more at risk for not participating compared to pregnant women with a supportive or positive attitude towards the implementation of pregnancy class. Prabandari (2014) found a relationship between attitudes and frequency of attendance in the pregnancy class at the Jambukulon Community Health Center, Ceper District, Klaten Regency with a *p value of* 0,000.

## Distance to the Place of Implementation

Residence distance to health services will affect the behavior and willingness of mothers to utilize health services including pregnant women. Distances that are far away will further limit one's willingness and ability to go to health services compared to short distances (Wahyuni, 2012).

In this study, the majority of respondents had a place of residence that was close to the place where the pregnancy class conducted (62.5%). In line with Sari's research (2017) in Lubuk Kilangan, there were 78.3% of mothers who had a short distance between the place of residence to the pregnancy class conducted.

The results of the bivariate analysis showed that pregnant women with a good visit to pregnancy class had a greater percentage of mothers with close distance to the place of pregnancy class conducted (48.57%) compared to the far distance (4.76%). Based on statistical tests obtained *p value* 0.001 ( $p \leq 0.05$ ), meaning that there is a relationship between the distance

to the place of pregnancy class implementation with pregnant women visit in attend pregnancy class in the working area of Padang City Lubuk Buaya Health Center in 2018.

The results of this study are in line with Rosady's research (2016) in Payakumbuh City where there is a relationship between distance to health services and maternal participation in the pregnancy class with a *p value of 0.035*. In the study of Nurdiyan *et al.*, (2014) in Malalak Community Health Center, it was shown that one of the obstacles in the implementation of pregnancy class is distance because of the large area and lack of transportation to the location of pregnancy class.

In contrast to Sari's research (2017) in the working area of the Lubuk Kilangan Health Center in Padang where there was no relationship between the distance between the place of residence of pregnant women and the participation in the pregnancy class with *p value 0.262*. Pregnant women with a distance to the place of residence for the classes of pregnant women who are far and near both have the opportunity to do and not make a class visit of pregnant women.

### **Husband Support**

Husband's support during pregnancy and childbirth is beneficial for the mother as an encouragement, emotional security and lower psychological pressure felt by the mother. In addition, husband's support for pregnancy care is an important factor in the health promotion of pregnant women. By supporting his wife, it can help husbands to know their wife's condition and increase a sense of responsibility for the health of their wives and babies during the period of pregnancy, childbirth, baby care and others (Mosunmola *et al.*, 2014).

In this study, 82.1% of respondents did not get husband's support to attend pregnancy class. In line with the research of Ayuningrum *et al.*, (2015) in the working area of Sumowono Public Health Center, Semarang Regency, 76.2% of mothers received less support from their husbands to attend pregnancy class.

The results of the bivariate analysis showed that pregnant women with a good pregnancy class visit had a greater percentage of mothers with supportive husbands (90%) compared to non-supportive husbands (19.6%). Based on statistical tests obtained *p value of 0,000* ( $p \leq 0,05$ ), meaning that there is a relationship between husband's support and the visit of pregnant women in the pregnancy class in the working area of Padang City Lubuk Buaya Health Center in 2018.

The results of this study are in line with the research of Astuti *et al.* , (2016) in the work area of Candiroto Community Health Center, Temanggung Regency, there was a relationship between husband's support and the participation of pregnant women in the pregnancy class with a *p value of 0.033*. Mothers with good husband/family support have a possibility of 4,543



times more actively participating in pregnancy class than pregnant women with enough husband/family support. Sari (2017) found a relationship between husband's support and the participation of pregnant women in pregnancy class in the working area of the Lubuk Kilangan Health Center in Padang City with a *p value* of 0.021.

It is different from Ayuningrum *et al.*, (2015) in the work area of Sumowono Public Health Center, Semarang Regency that there is no relationship between husband/family support with the visit of pregnancy class.

## V. CONCLUSION

There is a relationship between knowledge with the visit of pregnant women in attend pregnancy class. There is a tendency for pregnant women with negative attitudes to have a less visit in pregnancy class. There is a relationship between the distance to the place of implementation with pregnant women visit in attend pregnancy class. There is a relationship between the husband's support with pregnant women visit to antenatal class. Health professionals need to improve socialization about the importance of taking antenatal class for pregnant women. In addition, it needs to consider about the distance to the location and husband's support to increase maternal visit in the antenatal class.

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