

# Correlation Between Maternal Knowledge About Danger Sign and Antenatal Care (ANC) Visit Compliance in The Healthcare Center

Devi Wahyuningsih<sup>1</sup>, Kris Linggardini<sup>2</sup>

<sup>1,2</sup>Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Indonesia

---

## ARTICLE INFO

### Article history:

DOI:

[10.30595/pshms.v3i.615](https://doi.org/10.30595/pshms.v3i.615)

Submitted:

Sept 28, 2022

Accepted:

Nov 27, 2022

Published:

Dec 28, 2022

---

### Keywords:

Danger sign of pregnancy, knowledge, ANC visits

---

## ABSTRACT

Background: Pregnancy problems, which can manifest as pregnancy danger of signor symptoms that the suggest the mother or baby is at risk, are one of the causes of the high maternal death rate. Objective: This study aims to determine the raltionship between a mother's knowledge about pregnancy danger sign and ANc visit compliance at Lakbok Health Care. Methods: This study is type of quantitative research of Cros-Sectional. This research was conducted at the Lakbok Health Care Center in June 2021. This study used a total sampling of 35 respondents using correlation test. Results: The finding revealed that the mother's understanding of pregnancy danger symptoms in the Lakbok Health Care Center area was only partially sufficient (68,6%). Pregnant women in the Lakbok Health Center region were mainly compliant with antenatal care (54,3%). The correlation test revealed that there was a relationship between maternal understanding of pregnancy danger sign and ANC visits with a p-value 0,027. Conclusion: There is relationship between Mother's Knowledge of Pregnancy danger sign with ANC Compliance at Lakbok Health Care Center.

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).



---

### Corresponding Author:

**Devi Wahyuningsih**

Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto  
Soepardjo Rustam Street KM. 7, Banyumas, Indonesia

---

## 1. INTRODUCTION

According to the World Health Organization (WHO, 2017) the maternal mortality rate (MMR) is 500,000 people per year. Every day in 2017, around 810 women die from preventable causes related to pregnancy and childbirth. Between 2000 and 2017, the maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) fell by about 38% worldwide. 94% of all maternal deaths occur in low- and middle-income countries.

One of the causes of the high maternal mortality rate is pregnancy complications that can appear through pregnancy danger signs. Based on these causes, high-risk pregnancies or pregnancy complications usually occur due to factors 4 too and 3 too late: Factor 4 too, namely: (1) Too young (less than 20 years); (2) Too old (more than 35 years); (3) Too often pregnant (children more than 3); (4) Too close or tightly spaced pregnancy (less tha 2 years). Factor 3 being late, namely: (1) Late in making a decision to seek emergency medical treatment; (2) Late arrival at the health facility; (3) Delay in getting medical help (Health, 2016)

Pregnant women need regular prenatal checkups, according to standards `for quality antenatal care (Wiknjosastro, 2010). Therefore, it is necessary to carry out early detection by health workers and the public regarding the presence of risk factors and complications, as well as adequate treatment as early as possible. Early detection by conducting examinations in pregnancy is the key to success in reducing maternal and infant

mortality (health, 2010).

According to WHO Antenatal Care (ANC) aims to detect early occurrence of high risks of pregnancy and childbirth, and can also reduce AKI and monitor the condition of the fetus. In addition, the goal is to detect abnormalities that may exist or will arise in pregnancy so that they are quickly identified and can be addressed immediately before they have an impact on the health of the mother and fetus (Wiknjosastro, 2010). The lack of coverage of pregnancy visits for pregnant women is caused by families not knowing the need for antenatal care, they only rely on traditional methods, lack of knowledge, and attitudes of pregnant women and their families do not understand the importance of regular antenatal care, the difficulty of transportation has an impact on Antenatal Care (ANC) health services, and socio-cultural factors that do not support Antenatal Care (ANC) services (Prawirohardjo, 2012)

Health behavior is strongly influenced by the knowledge, attitudes and actions of the pregnant mother (Maulana, 2009). Knowledge and attitudes of pregnant women about the danger signs of pregnancy have a relationship with maternal visits to health services. Pregnant women often find it difficult to contact their health care providers or visit health services to obtain this knowledge (Bobak, 2005).

Based on the district/city health profile in 2017, the number of reported maternal deaths was 696 people. 696 maternal deaths occurred in 183 pregnant women, 224 maternity mothers and 289 postpartum mothers, 49 maternal deaths based on the age group 35 years as many as 191 people (java, 2017)

Based on a preliminary study conducted by researchers in the working area of the Lakbok Health Center, data were obtained from 109 pregnant women. The results of interviews with pregnant women as many as 6 people, 2 pregnant women who visited more than 4 times to get antenatal care services when asked about the signs and dangers of pregnancy the mother could mention the meaning of danger signs in pregnancy and mention some symptoms, 4 pregnant women made antenatal visits care less than 4 times when asked can only mention a few symptoms.

## 2. RESEARCH METHOD

This research is a quantitative descriptive research, with cross-sectional approach. Cross Sectional Research is a type research that emphasizes the time of measurement or observation of data independent and related variables only once. In this type of independent variable and related are assessed simultaneously at one point in time. Cross Plan Sectional is a research design by measuring or observation at the same time (one time) between risk factors (exposure) to a disease or health problems. The inclusion criteria is pregnant women in third trimester, willing to be a respondent, have a MCH book. The sampling technique uses the total sampling technique, namely sampling technique by taking all members of the population as a respondent or sample (Sugiyono, 2011). Total population from pregnant women in the working area of the Lakbok Health Center as many as 35 people.

In this study using univariate and bivariate data analysis. Analysis univariate was carried out on the demographic characteristics of the respondents and each variable studied is the mother's knowledge about Signs and dangers of pregnancy and antenatal care visits. Analysis bivariate for determining the relationship between variables is done by statistical tests chi square with the degree of confidence used is 95% with the provision that if (p value) > 0.05 then Ho is accepted (none relationship between mother's knowledge about danger signs of pregnancy with regular antenatal care examinations). Whereas if probability (p value) < 0.05 then Ho is rejected (there is a relationship between mother's knowledge about danger signs of pregnancy and regularity of antenatal care visits).

## 3. RESULT AND DISCUSSIONS

### 3.1. Characteristics of Pregnant Women in the Working Area of the Lakbok Health Center

Table 3.1 Characteristics of Pregnant Women in the Working Area of the Lakbok Health Center

Variable	Frekuensi (f)	Persentase (%)
<b>Age (Years)</b>		
< 20	0	0
0-35	31	88.6
> 35	4	11.4
<b>Education</b>		
Basic	9	25.7
Secondary	21	60
Higher	5	14.3
<b>Parity</b>		
Nulipara	16	45.7
Primipara	11	31.4

Variable	Frekuensi (f)	Persentase (%)
Multipara	8	22.9

Table 4.1 shows that most of the respondents are aged 20-35 years, as many as 31 respondents (88.6%), having a secondary education level (SMA/SMK/MA) as many as 21 respondents (60%) and having parity of nulliparous as many as 16 respondents (45.7%).

Table 2. An overview of pregnant women's knowledge about pregnancy danger signs in the working area of the Lakbok health center.

Tabel 3.2 Frequency Distribution of Pregnant Women's Knowledge About Pregnancy Danger Signs in the working area of Lakbok Health Center

Knowledge Level	Frequency (f)	Persentase (%)
Good	11	31.4
Enough	24	68.6
Level	0	0

Table 3.2 shows that most of the respondents have a sufficient level of knowledge as many as 24 respondents (68.6%).

Table 3. An overview of pregnant women's antenatal care compliance in the working area of the Lakbok Health Center.

Table 3.3 Distribution of Frequency of Pregnancy Antenatal Care Compliance in the working area of Lakbok Health Center

Antenatal Care Compliance	Frequency (f)	Persentase (%)
Obedient	19	54.3
Disobedient	16	45.7

Table 3.3 shows that most of the respondents have a compliant level of compliance to perform ANC as many as 19 respondents (54.3%). Table 4. Relationship between knowledge of pregnant women about danger signs of pregnancy and compliance with antenatal care in the working area of the Lakbok Health Center.

Tabel 3.4 Relationship between knowledge of pregnant women about danger signs of pregnancy and compliance with antenatal care in the working area of Puskesmas Lakbok

Knowledge	Compliance				Total		P value
	obedient		Disobedient				
	F	%	f	%	f	%	
Good	9	25,7	2	5,7	11	31,4	0,027
Enough	10	28,6	14	40	24	68,6	
Total	19	54,3	16	45,7	35	100	

Table 3.4 shows that respondents with good knowledge have a level of compliance that is obedient (25.7%) and respondents with sufficient knowledge mostly have a level of compliance that is not half (40%). The results of the chi-square test showed a p value of  $0.027 < 0.05$  which means that there is a relationship between the knowledge of pregnant women about the danger signs of pregnancy and antenatal care compliance. The results of the coefficient correlation test obtained a value of 0.350, this indicates that the better the respondent's knowledge, the more obedient in doing ANC with the strength of the weak relationship.

#### 4. CONCLUSION

Based on the results of the research that has been done, the following conclusions can be drawn: The characteristics of pregnant women in the Lakbok Health Center Work Area, most of the respondents are aged 20-35 years (88.6%) and have a secondary education level (SMA/SMK/MA) (60%). The knowledge of pregnant women about the danger signs of pregnancy in the working area of the Lakbok Health Center is mostly sufficient (68.6%). The antenatal care adherence of pregnant women in the working area of the Lakbok Health Center was mostly compliant (54.3%). There is a relationship between Knowledge of Pregnant Women About Pregnancy Danger Signs and Compliance with Antenatal Care in the working area of the Lakbok Health Center with a p value of 0.027.

**Acknowledgements**

Thank you to Allah SWT, both parents and all comrades in arms who have helped from beginning to end.

**REFERENCES**

Agency, S. (2017). west java.

Bobak. (2005). *textbook of maternity nursing*. Jakarta: EGC.

Health, I. M. (2016). *KIA Health card book*. Jakarta.

health, m. o. (2010). *the purpose of antenatal care*. Accessed: october 29: <https://www.indonesuanpublichealth.com/>.

java, c. n. (2017). accessed:; 29 october : <https://jabar.bps.go.id>.

Maulana. (2009). *health promotion*. Jakarta: EGC.

Prawirohardjo. (2012). *practical handbook for contraceptive service 3rd edition*. Jakarta: Bina Pustaka.

Sugiyono. (2011). *statistic for research*. Bandung: alfabeta.

Wiknjosastro. (2010). *practical handbook for maternal and neonatal Health Service, 1st Edition*. Jakarta: Bina Pustaka.