QUALITATIVE STUDY OF HUSBAND SUPPORT IN THE UTILIZATION OF ANTENATAL CARE (ANC) SERVICES AT THE TANARA HEALTH CENTER, SERANG DISTRICT

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ABSTRACT

Background: This study aims to obtain in-depth information about deep-husband support Utilization of Antenatal Care (ANC) services at the Tanara Health Center District. Method: This study uses a qualitative method with a phenomenological approach. This research was conducted in the working area of the Tanara Public Health Center, Serang Regency, involving 11 informants which were divided into 5 key informants and 6 supporting informants. The sampling technique used to determine the informants for this study was purposive sampling. This research was conducted for one month from January 2023 to February 2023. The research data was obtained through observation, interviews, and documentation studies. Then, the data obtained were analyzed using reduction techniques, data presentation, and drawing conclusions which were then validated using source and technique triangulation methods.

Keywords: ANC, Service, Utilization, Husband's Support

INTRODUCTION

Antenatal care (ANC) services are health services provided to mothers during pregnancy to optimize the physical and mental health of the mother as well as possible, so that the mother is ready for birth, postpartum, preparing for exclusive breastfeeding, and returning reproductive health (Ministry of Health, 2018). The purpose of antenatal care services is to fulfill the rights of pregnant women by providing the best quality services so that mothers can go through their pregnancies well, give birth safely and the babies born are healthy and of good quality\textsuperscript{13}.

According to the World Health Organization, the global maternal mortality rate (AKI) is 303,000. The Maternal Mortality Rate (MMR) in ASEAN is 235 per 100,000 live births (KH) (ASEAN Secretariat, 2020). According to the Indonesian Demographic and Health Survey Data (SDKI) the Maternal Mortality...
Rate (MMR) in Indonesia has increased, in 2002-2007 it was 228 per 100,000 KH and in 2007-2015 it was 359 per 100,000 KH. The Maternal Mortality Rate (MMR) for 2012-2015 was 305 per 100,000 KH, which means that the MMR has decreased from the previous year, and in 2020 the number of MMR is 4,627 cases (cases as of March 27, 2020)\(^9\).

An overview regarding the condition of health development was obtained from the evaluation results of the 2012-2017 Banten Provincial Health Strategic Plan. The Maternal Mortality Rate (MMR) in Banten Province has increased, in 2011 the MMR was 168.8 per 100,000 live births to 308 per 100,000 live births and the IMR was 32/1000 KH. MMR has increased because of the increasing number of high-risk pregnant women, early community detection that is still low, and referral decisions for high-risk pregnant women that are still not precise and fast\(^1\). According to data from the Directorate of Family Health, the Maternal Mortality Rate (MMR) in Banten has decreased, namely 247 cases in 2018 to 212 cases in 2019, but has increased in 2020, namely 242 cases\(^14\).

According to the Profile of the Serang District Health Office, the Maternal Mortality Rate (MMR) is 195 per 100,000 live births or 58 cases with 29,787 live births. Banten Province Statistical Data states that the MMR in Serang Regency in 2018 was the highest among the eight districts or cities in Banten Province, namely 61 cases\(^1\).

Mother involvement and awareness are needed about the importance of antenatal care or prenatal care by health workers and increasing delivery support at health facilities is one way to reduce the number of MMRs\(^7\). Service antenatal care is provided at least 6 (six) times during pregnancy, namely: once in the first trimester, twice in the second trimester, and three times in the third trimester. Lack of ANC visits can cause harm to the mother and fetus, such as bleeding during pregnancy because no signs of danger are detected. Assessment of antenatal care (ANC) is carried out based on K1 and K4 coverage. Husband's support is a form of embodiment of attention and affection. Support can be given both physically and psychologically. Husbands have a large enough share in determining the health status of the mother. Good husband support can provide good motivation for mothers to have their pregnancy checked.

In Serang District, the coverage of antenatal care services for new visits (K1) in 2018 was 102.1% of the target of 31,071 pregnant women. While the coverage of antenatal care (K4) services was 92%, an increase compared to 2017 of 83.8%. According to a preliminary study at the Serang Regency Health Office, the highest maternal mortality rate (MMR) in 2021 occurred in the work area of the Tanara Health Center, Serang Regency, namely 10 cases, besides The number of K1 visits in August 2022 was 61.4% and the number of K4 visits in August namely 57.6%. From the results of initial observations, it is known that people in the working area of the Tanara Health Center, Serang Regency, still use paraji for pregnancy...
checks or during childbirth, this is evidenced by data from 9 villages in the work area of the Tanara Health Center, Serang Regency, only 3 villages with KI coverage of 100%, only 2 villages had 100% KIV coverage and 4 villages had 100% coverage of deliveries by health workers. Based on this phenomenon, researchers are interested in researching the use of antenatal care (ANC) services at the Tanara Health Center, Serang Regency.

From the preliminary study data, it was found that there were still many pregnant women who did not comply with ANC examinations at health service facilities or family about her pregnancy. Based on this background, the formulation of the problem in this study is "How is the husband's support in utilization service antenatal care (ANC) at the Tanara Health Center Serang District".

METHOD

In this research, the type of research used is a qualitative method with a phenomenological approach, which is research based on subjective or phenomenological experiences experienced by individuals. Qualitative methods are generally carried out through descriptions in the form of words and language, in a natural context, and by utilizing various natural methods. This research was conducted to obtain in-depth information about deep husband support utilization of antenatal care (ANC) services at the Tanara Health Center, Serang District.

The time the author used in conducting this research was from January 2023 to February 2023, starting from collecting research data to compiling research results. The research was conducted in the working area of the Tanara Public Health Center, Serang Regency.

The research informants were determined using a purposive technique. The selection of the research sample was based on the consideration that the research informants were able to provide complete and relevant information regarding the research objectives. Key informants and supporters are the subjects of this study, mothers who have babies 0-3 months with a history of less than 6 ANC visits become key informants, then family, paraji, and midwives are supporting informants. The number of informants in this study was 11 informants, with the distribution of 5 key informants and 6 supporting informants. 3 key informants and 3 supporting informants came from Tenjoayu Village, Tanara District and 2 key informants and 3 supporting informants came from Cibodas Village, Tanara District.

There are two sources of data in this study, namely primary data and secondary data. Primary data from this study were taken directly from informants through interviews. Furthermore, secondary data from this research is data used to support secondary data in the form of documentation.

There are three data collection techniques used in this study; Observational data, interviews, and documentation. (1) Observation, at this stage, the researcher observed phenomena related to the research topic, namely regarding the Utilization of Antenatal Care Services at the Tanara Health Center Serang
District. (2) Interviews. In this study, the researchers used semi-structured interviews with the help of an interview guide, after which the questions were developed along with the conversation so that it became an interactive interview between the researcher and the informant. Interviews were conducted directly by researchers to obtain in-depth information about deep husband support utilization of antenatal care services.

(3) Documentation. This documentation technique is needed to illustrate confirmation that the authenticity of the research being carried out is guaranteed by including evidence in the form of pictures, videos, or photos.

In this study, researchers used three steps of the Analysis Technique from Miles and Huberman (1994): (1) Data reduction. Data reduction is a form of analysis to filter data, categorize it, direct it, eliminate unnecessary data, and arrange it in such a way that it can be drawn. credible conclusion. In other words, data reduction is used to select all important information that is used to answer the problems of this research. (2) Data presentation, this technique is used to display all important data that is arranged in a systematic manner that allows conclusions to be drawn. (3) Concluding. One method for analyzing data qualitatively is to draw conclusions and use the results of the analysis to take action.

RESULTS AND DISCUSSION

The Tanara Health Center is located in Tanara Village, Serang District, Banten. The Tanara Health Center is one of 31 health centers in Serang Regency, which is located in the village of Tanara. The results of observations that have been made, from the access to the Tanara Health Center are classified as good because the entrance to the health center is directly connected to the main road. From transportation access, the Tanara Health Center cannot be accessed using public transportation such as public transportation or buses. Regarding the operation of the puskesmas, it is an inpatient puskesmas so that patients who need outpatient care can already be carried out. The working area of the Tanara Health Center consists of 9 villages namely Tanara, Bendung, Lempuyang, Siremen, Cibodas, Cerukcuk, Tenjoayu, Sukamanah, and Pedaleman.

Utilization of ANC Based on Informant Characteristics

<table>
<thead>
<tr>
<th>Key Informants</th>
<th>Age</th>
<th>Education</th>
<th>Work</th>
<th>Baby Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1</td>
<td>16 years</td>
<td>Junior High School</td>
<td>IRT</td>
<td>Two months</td>
</tr>
<tr>
<td>K2</td>
<td>33 years</td>
<td>Junior High School</td>
<td>IRT</td>
<td>One month</td>
</tr>
<tr>
<td>K3</td>
<td>27 years</td>
<td>Junior High school</td>
<td>IRT</td>
<td>One month</td>
</tr>
</tbody>
</table>
Based on Table 5.2 of the five informants interviewed, there was one informant aged <20 years and two informants aged >35 years, all informants had low education and all informants were housewives. Informants aged <20 years and >35 years felt embarrassed to do health checks at the puskesmas, afraid of being talked about so the informants chose not to do pregnancy checks.

"I'm ashamed that I'm old but I'm still pregnant, so I think it's okay to be pregnant with this one, I don't need to check it, just wait for the birth" (Informant K4).

All informants had low education and were housewives whose daily activities were carried out at home. All informants still believe in and carry out the tradition of prenatal checks in Paraji. In addition, the informants also had limited information regarding prenatal care.

Table 2. Characteristics of Supporting Informants

<table>
<thead>
<tr>
<th>Supporting Informants</th>
<th>Age (Years)</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>38</td>
<td>Didn't graduate from elementary school</td>
</tr>
<tr>
<td>P2</td>
<td>35</td>
<td>Senior high school</td>
</tr>
<tr>
<td>P3</td>
<td>46</td>
<td>Didn't graduate from elementary school</td>
</tr>
<tr>
<td>P4</td>
<td>70</td>
<td>Didn't graduate from elementary school</td>
</tr>
<tr>
<td>P5</td>
<td>68</td>
<td>Didn't graduate from elementary school</td>
</tr>
<tr>
<td>P6</td>
<td>33</td>
<td>D3</td>
</tr>
</tbody>
</table>

Source: Primary Data

Supporting informants in this study were the husbands and families of the key informants as well as the health center midwife Tanara.
Utilization of Antenatal Care Services (ANC)

Table 3. Utilization of Antenatal Care (ANC) Services

<table>
<thead>
<tr>
<th>Informant</th>
<th>ANC status in the Puskesmas</th>
<th>ANC examination time</th>
<th>ANC place</th>
<th>Childbirth History</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1</td>
<td>Yes</td>
<td>1 time on TM 1</td>
<td>Public health center</td>
<td>Labor in paraji</td>
</tr>
<tr>
<td>K2</td>
<td>No</td>
<td>1 time on TM 1 and 2 times on TM 2</td>
<td>Clinic</td>
<td>Labor in paraji</td>
</tr>
<tr>
<td>K3</td>
<td>Yes</td>
<td>3 times on TM 2 and 2 times on TM 3</td>
<td>Public health center</td>
<td>CS delivery in hospital</td>
</tr>
<tr>
<td>K4</td>
<td>Yes</td>
<td>1 time on TM 3</td>
<td>Public health center</td>
<td>CS delivery in hospital</td>
</tr>
<tr>
<td>K5</td>
<td>No</td>
<td>1 time on TM 2</td>
<td>Clinic</td>
<td>Delivery in paraji accompanied by a midwife</td>
</tr>
</tbody>
</table>

Based on the table above, it is known that all informants conducted ANC examinations less than 6 times. 3 informants carried out ANC examinations at the Puskesmas and 2 other informants carried out ANC examinations at the clinic.

Husband or Family Support

The results of interviews with informants, most husbands or families did not fully support pregnant women in checking their pregnancies at the health center, husbands or families only asked or reminded them to check their pregnancies, husbands or families did not provide motivation or encouragement to pregnant women to check their pregnancies at the health center. The husband not being able to take her for a pregnancy check-up at the puskesmas was one of the reasons a small number of informants did not go for a pregnancy check-up at the puskesmas because access to the puskesmas could not use public transportation or buses, husbands could not take them because they were busy working. Only a small number of informants were accompanied by their husbands to carry out pregnancy checks at the puskesmas, the husbands who accompanied them did not want to go into the examination room.

"It's far away, to the puskesmas there's no one to accompany you to work in the rice fields so you can't travel, and the biggest child also goes to school in the morning"(Informant K5).

This is reinforced by the information of supporting informants.

"I went to the puskesmas, no one came to accompany me, my husband went to the fields all the time, so he couldn't accompany me for a pregnancy check-up."(Informant P5).
This study focuses on the utilization of antenatal care (ANC) services at the Tanara Health Center. The KI coverage was 92.4% and the KIV coverage was 79.1%. This shows that the utilization of ANC services in the working area of the Tanara Health Center has not yet reached the target of 100%. Utilization of antenatal care services (ANC) is influenced by several factors, one of which is the support of the husband or family.

Based on the results of this study, it was found that several informants were of an age that was not recommended for pregnancy; <20 years and >35 years. According to Manuba in Hazairin⁴, the too-young age category is mothers who are <20 years old, and too old are mothers who are >35 years old. The risk of pregnancy in mothers who are too young usually arises because they are not ready psychologically or physically. Pregnancy for mothers over 35 years of age will allow certain risks to occur, including the risk of pregnancy which is caused by the maturation of the mother’s age. In addition, age determines a person's level of maturity and strength in thinking and working, so increasing age will motivate someone to get the use of health services (Gunarsa, 2008). According to research by Usman, et al⁶ it shows that generally pregnant women who take advantage of ANC services are aged 20-35 years.

Next is the support of the husband or family. The research results show that husbands or families do not fully support pregnant women to have their pregnancies checked at the puskesmas. Research by Indrastuti & Mardiana (2019) states that the lack of husband's support for mothers is due to a lack of awareness of the importance of health and the importance of checking the health of the mother and fetus, as well as the influence of parents or in-laws who are not supportive. According to research by Tassi et al., the husband's support is not only limited to taking the mother to a health service to do a pregnancy check-up. Accompanying and accompanying the mother during pregnancy checks are some forms of support that should be shown by the husband so that pregnant women feel cared for and certainly do not feel alone going through their pregnancy.

Family support can increase the willingness and ability of mothers to use health facilities. Maternal health activities during pregnancy are the effect of family support, both support from the husband and other family members. Pregnant women who get full support from their families will be optimistic about carrying out their pregnancy and being able to meet their psychological needs³.

CONCLUSION AND SUGGESTIONS

This research is a qualitative research that aims to obtain in-depth information about husband's support in the utilization of antenatal care (ANC) services. Data were obtained through in-depth interviews with mothers who have babies 0-3 months, their families, and midwives.

Based on the results of the study, it can be concluded that the use of antenatal care (ANC) services is less than the minimum standards for husbands or families who do not fully support pregnant women to
check their pregnancies at the puskesmas. The husband cannot accompany or take the pregnancy check-up because he is busy at work, even though he is taking the pregnancy check-up, the husband refuses to come into the examination room.

To the Tanara Community Health Center, Serang Regency, to carry out health promotion for pregnant women and their families, especially regarding the importance of routine antenatal care (ANC) checks. To health workers to provide services professionally and serve with heart, to foster public trust to have their health checked by health workers. It is suggested that future researchers continue this research by adding other variables such as knowledge and socio-economics and adding questions in the interview guide in more depth so that broader and more in-depth information is obtained about the use of antenatal care (ANC) services.

REFERENCES


