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## RELATIONSHIP BETWEEN ATTITUDES OF PREGNANT WOMEN AND FAMILY SUPPORT WITH STICKING COMPLIANCE OF P4K STICKER

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### ABSTRACT

Health development programs in Indonesia are a priority in improving maternal and child health, especially the most vulnerable health groups among pregnant women, characterized by high maternal mortality rates. Complications Planning and Prevention Program Planning, is a program to accelerate the reduction of maternal deaths which is done by monitoring, recording and marking every pregnant woman by sticking stickers through improving access and quality of services, and to building community potential, especially community awareness for preparation and action in saving mothers and newborn baby. This study aims to determine the relationship between the attitude of pregnant women and family support for adherence to sticking stickers. Labor Planning and Complications Prevention Program . This research is an *explanatory* research with *cross sectional* approach The sample of the study were 85 pregnant women, with sampling by accident . In this study using the Chi Square test the results show that there is a relationship between family support and adherence to the stickers of the Birth Planning and Complications Prevention Program at Candi Pusyo Mulyo (p value 0.002 <0.05) and there is no meaningful relationship between the attitudes of pregnant women

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by sticking stickers. Complications in Puskesmas Candi Mulyo (p value 0.273 > 0.005).

## INTRODUCTION

Health development programs in Indonesia are prioritized on improving maternal and child health, especially in the health of the most vulnerable groups such as pregnant women, characterized by high maternal mortality rates. Maternal Mortality Rate is one indicator used to measure maternal health status in the region. The maternal mortality rate according to the Indonesian Health Democracy Survey in 2012 was 359 per 100,000 live births.

The Central Java Health Profile shows that maternal deaths usually occur due to lack of access to health services, especially timely emergency services that have been overshadowed by "late 3" ie late in recognizing danger signs and making decisions, late to reach health facilities, and late get treatment at a health facility. In addition, the cause of maternal death cannot be separated from the state of "too", that is, too old at the time of childbirth, too young at the time of childbirth, too many children, too narrow distance / parity. Considering the causes and background of maternal mortality is very complex and involves fields that are handled by many sectors both in public and private sector efforts to accelerate the reduction in maternal mortality that requires comprehensive treatment, namely by involving related sectors. (Central Java Health Service, 2014). Efforts to reduce maternal and neonatal mortality in Indonesia are carried out through the program, *Safe Motherhood* which is the program extends the survival of mothers and infants (EMAS) and the Birth Planning and Prevention Complications Program ... (Ministry of Health Republic of Indonesia 2015). The Maternity Planning and Prevention Complications Program is a program that began in an effort to accelerate the reduction of maternal deaths by monitoring, recording and marking each pregnant woman with stickers to accelerate the reduction of maternal and newborn deaths through increased access and quality of services, and to build potential a society, specifically for the preparation of public awareness and actions to save mothers and newborns (MOH, 2009).

The implementation of the Birth Planning and Prevention Complications Program is to fill in the birth readiness and attach stickers of the Birth Planning and Prevention Complications Program at the home of pregnant women, including the mother's name, expectation of delivery, birth attendants, birth place, delivery companion, transportation and blood donors. Through the Maternity Planning and Prevention Program sticker posted at the door of the

house by pregnant women, all pregnant women will be registered, registered and monitored (MOH, 2009). The Birth Planning and Prevention Complications Program is important to ensure that the readiness of mothers and families in dealing with labor and complications that may arise and to increase the active participation of the community in detecting pregnancy in reducing and treating complications so as not to cause maternal death. (RI Ministry of Health, 2014; p 100-101).

Behavior associated with adhering to a compliance sticker The Birth Planning and Prevention Complications Program according to *Lawrence Green's* theory is formed from three factors: *predisposing* factors (*predisposition*) factors) including the attitude of pregnant women in sticking to the Birth Planning and Prevention Complications Program stickers; *Enabling* factors : distance to health services, *driving factors* ( *Reinforcing factors* ) including family support. Families have instrumental support, information support, emotional support and infrastructure support functions. Here it can be explained that the attitude of a pregnant woman in attaching a Childbirth and Prevention Planning Program sticker requires a supporting factor / support from the family. very trivial to support P4K stickers attached. Socialization of Planning and Prevention Complications in the community is a program that promotes community participation in *screening* or monitoring pregnant women. Data from the Magelang District Health Office in 2016 stated that screening of pregnant women conducted by the community at the Candi Mulyo Health Center was still 10% or it could be said that all *examinations were* carried out by health workers.

Based on data from the health of mothers and children at the Candi Mulyo Health Center in January there were 114 pregnant women and in February 2017 there were 104 pregnant women conducting examinations at the Candi Mulyo health center, this shows that pregnant women who put up a Childbirth Planning and Complications Prevention Program as much as 50%.

Knowing the attitudes of pregnant women and family support by adhering to the stickers 'stickers Delivery Planning and Prevention of Complications in the Candimulyohealth center, Magelang District .

## METHODS

This research is *explanatory* which aims to examine the relationship of hypothetical variables proposed by researchers using empirical data with a *cross sectional* approach to study the dynamics of the correlation between risk factors and effects, approaches,

observations or data collection at a time. (Nursalam, 2003).

## RESULTS

### Attitudes of Pregnant Women.

**Table 1.** Frequency Distribution The attitude of pregnant women in sticking the Sticker for Childbirth Planning and Prevention of Complications in the Candi Mulyo Health Center in Magelang District in 2017.

Attitudes of Pregnant Women			
No	Pregnant Women	F	%
1	Negative	33	38.8
2	Positive	52	61.2
<b>Total</b>		<b>100</b>	<b>100</b>

From table 1 it can be seen that most pregnant women has a positive attitude in sticking the Complicated Delivery Planning and Prevention Program that is 52 pregnant women (61.2%).

### Family support.

**Table 2.** Frequency Distribution of the support of pregnant mothers' families in attaching stickers Childbirth Planning and Prevention of Complications in the Candi Mulyo Health Center in Magelang District 2017.

No	Family support	f	%
1	Poor support	30	35.3
2	Support	55	64.7
<b>Total</b>		<b>100</b>	<b>100</b>

Based on table 2 it can be seen that the majority of pregnant women have family support in the attachment of stickers for the Planning of Childbirth Planning and Prevention of Complications of 55 pregnant women (64.7%).

### Sticker Planner Program Planning and Prevention of Complications

**Table 3.** Frequency Distribution of Sticker Attachment for Childbirth Planning and Complications Prevention Program at Candi Mulyo Health Center , Magelang District , 2017.

No	Sticker Attachment	f	%
1	Not obey	55	64.7
2	Obedient	30	35.3
<b>Total</b>		<b>100</b>	<b>100</b>

Based on table 3, it can be seen that most pregnant women do not stick to stickers The Birth Planning and Complications Prevention Program is 55 pregnant women (64,7 %).

### Relationship Attitudes Pregnant Women By Plating Stickers Complication Planning And Prevention Programs

**Table 4.** Cross tabulation of the Attitudes of Pregnant Women by Attaching a Childbirth Planning and Complications Prevention Program at Candi Mulyo Health Center, Magelang District 2017.

Attitude	P4K Sticker Attachment		Total			
	Not obey		Obedient			
	F	%	f	%		
Negative	19	57.6	14	42.4	33	100
Positive	36	69.2	16	30.8	52	100

*p value of 0.273*

In table 4. showed that pregnant women who had more negative attitudes did not adhere to the sticker of the Birth Planning and Complications Prevention Program as many as 19 pregnant women (57.6%). Whereas pregnant women who have a positive attitude are more disobedient to sticking stickers for the Planning of Childbirth Planning and Prevention of Complications by 36 pregnant women (69 , 2 %).

From the statistical test results obtained  $p = 0,273 (> 0,05)$ , so that it can be concluded that there is no relationship between the attitude of pregnant women with the attachment of the Childbirth Planning Program and Prevention of Complications in Pukesmas Candi Mulyo, Magelang Regency.

### The Relationship of Family Support with the Attachment of Childbirth Planning and Prevention Complications

**Table 5.** Cross Tabulation of Family Support by Attaching Childbirth Planning and Prevention Complications in the Candi Mulyo Health Center in Magelang District 2017.

Family support	Sticker Attachment		Total			
	Not obey	Obedient	f	%		
Not Supporting	26	86.7	4	13.3	30	100
Support	29	52.7	26	47.3	55	100

*p value 0.002*

Table 5 shows that most pregnant women who did not have family support were not compliant to attach stickers for the Birth Planning and Prevention Complications Program to 26 pregnant women (86.7%). While pregnant women who received more family support were not compliant to attach stickers for the Complications Planning and Prevention Program, namely 29 pregnant women (52.7 %).

From the statistical test results obtained p value 0,002 ( $<0,05$ ), it means that there is a relationship between family support and the attachment of stickers for the Planning for Childbirth Planning and Prevention of Complications in Puskesmas Candi Mulyo, Magelang Regency.

## DISCUSSION

The results showed that the majority of pregnant women had a positive attitude in sticking the Complications Planning and Prevention Program stickers, as many as 52 pregnant women (61.2%). In table 4.4. shows that pregnant women who have a positive attitude or have a negative attitude are also mostly not compliant to attach stickers Complications Planning and Prevention Program. Statistical test results obtained  $p = 0.273$  which means there is no relationship between the attitude of pregnant women with adherence to the attachment of P4K stickers at the Candi Mulyo Health Center in Magelang Regency. This is consistent with the research of Ashri et al (2016) who said that the Childbirth Planning Program and Prevention of Complications is not good, and statistically obtained p value = 0.399 which means there is no relationship between maternal attitudes with the delivery of the Birth Planning Program and Prevention of Complications in the coastal communities of Mamuju Regency. However, this study is not in accordance with the research of Erni Yuliasuti et al (2012) which says that there is a relationship between attitude and the Childbirth Planning Program and Prevention of Complications in the Saturday Market area of the North Hulu Sungai Regency with a p value of 0,000.

Attitude is the mental and nervous state of readiness, which is regulated through experience which gives a dynamic or directed influence on the individual's response to all objects and situations related to it. Attitude can be described as the tendency of subjects to respond to likes or dislikes to an object that is participation in the class of pregnant women, while obedient according to the big Indonesian dictionary is like to obey, obey orders, rules.

The results of this study showed that pregnant women who did not adhere to the sticker of

the Birth Planning and Prevention Complications Program were more than those who adhered to the Complicated Planning and Prevention Program sticker at the Puskesmas Candi Mulyo, Magelang Regency as many as 55 pregnant women (64.7%).

According to Sarwono (2009), it is said that the level of compliance to implement public precautions is influenced by individual factors which include gender, age, occupation, education level, psychosocial, attitude, tension in work atmosphere, fear and perception of risk, organizational management factors consisting from agreement, support from coworkers, training. So that it can be said that compliance is not only influenced by attitude but many other factors.

The results of this study also showed that pregnant women who did not have the support of most families were not compliant to attach stickers for the Planning for Childbirth Planning and Prevention of Complications of 26 pregnant women (86.7%) at Candi Mulyo Health Center, Magelang District. While the majority of pregnant women who received family support were not compliant to attach stickers for the Planning for Childbirth Planning and Prevention of Complications as many as 29 pregnant women (52.7%).

The statistical test results obtained  $p = 0.002$ , which means there is a relationship between family support and stickers attached to the Child Planning and Prevention Complications Program at Candi Mulyo Health Center, Magelang District. This is in accordance with research Rahayu Ambarwati Setianing Tias et al (2014) who said that there is a relationship between husband's support by filling in the Birth Planning and Complications Prevention Program in Mertan village, Sukoharjo District with p value = 0,000 and Riani Isyana Pramasanthi's (2015) study says that that there is a relationship between husband's support and implementing compliance Delivery Planning and Prevention Complications Program in Salatiga City with p value 0.001.

According to Sarwono (2009), it is said that the level of compliance to implement general vigilance is influenced by organizational management factors which include support from colleagues, training. And also according to Niven (2008) who said that factors affecting the level of adherence one of which is a modification of environmental factors and which include social support from family and friends, support groups can be formed to help adherence to treatment programs.

## CONCLUSION

The majority of pregnant women had a positive attitude of 52 (61.2%) in sticking stickers . Planning Programs Childbirth Planning and Prevention Complications and Prevention of Complications in Puskesmas Candi Mulyo Magelang Regency.

Most of the pregnant women received support from the family of 55 pregnant women (64.7%) in the sticking of the Planning Program for the Birth Planning and Complications Prevention Program and Prevention of Complications in Puskesmas Candi Mulyo Magelang Regency.

Most pregnant women are not compliant in attaching stickers for the Planning Program for Childbirth Planning and Prevention of Complications and Prevention of Complications in Puskesmas Candi Mulyo, Magelang Regency was 55 pregnant women (64.7%).

Factors related to the attachment of planning and birth control planning programs and Prevention of Complications namely family support with  $p = 0.002$ .

While the factors that are not related to the sticker planning and Prevention of Complications are family support with  $p = 0.273$ .

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