

Socio-Cultural Relations with K6 Visits to Pregnant Women Gestational Age > 36 Weeks

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Abstract:

Socio-cultural is a custom carried out by someone from generation to generation based on trusted habits. One of them is the social culture in carrying out pregnancy checks according to standards known as K6 visits. Visits of K6 pregnant women are contacts of pregnant women with health workers to get ANC services according to the 10T standard, and the frequency of visits is at least six times during the gestation period, namely one time in the 1st trimester, two times in the 2nd trimester, and three times in the 3rd trimester. It aims to analyze socio-cultural relations with K6 visits. This study uses a research design analyst with a cross-sectional approach. Data were taken from interviews with respondents using questionnaires and observation sheets, carried out at the KIA Polyclinic at the Klenang Kidul Health Center on June 16 - August 22, 2022, with 30 respondents using accidental sampling. Data collection includes coding, editing, and tabulating, and then the data is analyzed manually and by computer testing Chi-square. Of the 30 respondents studied, most were aged 20-35 years (50%), most of them had junior high school education (43.3%), most of them did not work (60%), the decision-makers in conducting pregnancy checks were pregnant women themselves (40 %), some are Madurese (70%), the majority are Muslim (100%), some respondents have one child (46.67%). The pregnancy status is mostly multigravida (46.67%). Most respondents were social and cultural (60%) and made K6 visits (53.3%). Data analysis in this study uses Uji Chi-Square with a value of $\alpha=0.05$. The calculation results obtained a p-value < 0.05 , namely $0.001 < 0.05$, meaning there is a socio-cultural relationship with K6 visits at the Klenang Kidul Probolinggo Health Center. It is hoped that the Klenang Kidul Probolinggo Health Center will improve pregnancy check-up services according to the standards set by the government by providing counseling on the benefits of Antenatal Care as early as possible and not be affected by the existing social culture to reduce Maternal Mortality Rates and Infant Mortality Rates.

Article info:

Submitted:
15-01-2023
Revised:
29-05-2023
Accepted:
31-05-2023

Keywords:

social culture; K6 visits; pregnant women; gestational age

DOI: <https://doi.org/10.53713/htechj.v1i3.25>

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INTRODUCTION

Indonesia's Maternal Mortality Rate (MMR) is 359/100,000 live births. The high maternal and infant mortality rates are partly due to the frequency of periodic pregnancy checks. This is a problem because not all pregnant women routinely check their pregnancies so that abnormalities that appear during pregnancy cannot be detected as early as possible (Novelia et al., 2021). Causes of maternal death are divided into direct and indirect deaths (Aini et al., 2023). The immediate causes of maternal death are bleeding, eclampsia and sepsis, hypertension in pregnancy, obstructed labor, complications of unsafe abortion, and other causes. This disease can affect vital signs that are not abnormal (Fauzi et al., 2022). Indirect maternal death causes are pre-

existing diseases or diseases that arise during pregnancy that affect pregnancy, for example, malaria, anemia, heart disease, and HIV/AIDS (Carolin et al., 2023).

In Indonesia, based on data in the 2020 Indonesia Health Profile, the coverage of K4 in 2020 has decreased by 84.6%. This decrease is assumed to have occurred due to the implementation of regional programs affected by the Covid-19 pandemic. In East Java Province, the achievement of K4 visits in 2020 is 90.94% (East Java Provincial Health Office. 2021). Whereas in Probolinggo Regency, the achievement of K4 visits in 2020 is 96.75%. At the Klenang Kidul Health Center, the achievement of K4 visits in 2020 was 87.4%, and in 2021 it was 86.8% and is still far from the 100% SPM target (Probolinggo District Health Office, 2021).

Pregnancy is the period from conception until the fetus's birth, so the average duration of pregnancy is 280 days (40 weeks / 9 months seven days) (Retnaningtyas et al., 2022). Antenatal care (ANC) is pregnancy supervision to determine the mother's general health, establish early diseases that accompany pregnancy, establish pregnancy complications, and select the risk of pregnancy. ANC is a visit of pregnant women with health workers to get ANC services according to established standards. In this case, the term visit does not only mean that pregnant women come to service facilities, but every pregnant woman who contacts health workers, both at integrated service posts, village maternity huts, and home visits, can be considered as pregnant women visits (Fatkhiah & Izzatul, 2019).

Socio-culture is one of the factors of habitual behavior predisposing factors that change a person's behavior. Culture and habits in the family can influence a person's knowledge, perceptions, and attitudes towards something such as a pregnancy check-up (Manulang, 2020). People who experience culture shock harm their physical and emotional states. People who harbor negative feelings about themselves and others can have low self-esteem (Allaili et al., 2021). Social and cultural is a component or the smallest element in people's lives. Social means always related to people's behavior, while culture means always associated with the culture that exists in society which contains aspirations, initiatives, and human works in the framework of social life from learning outcomes (Jannah & Dewi 2021). So that this can also affect people's thinking processes, which in the end, they rarely go to the hospital, and the minimal treatment process at the hospital (Putri et al., 2021), low coverage of visits to Antenatal Care can be influenced by various factors including socio-cultural influences, trust in the community who still rely more on traditional midwives to care for their pregnancies than health workers (Setiady, 2014).

Based on the results of a preliminary study conducted at the Klenang Kidul Health Center on 15 pregnant women with gestational age >36 weeks, six people (40%) had received a K6 visit, and nine people (60%) had not received a K6 visit. Then, of the 15 pregnant women, nine people (60%) said they did not have standardized six pregnancy check-ups because most contacted health workers when they were four months pregnant or after four months of pregnancy. After all, it was a tradition or culture in their environment to check for pregnancy from a young age. The risk of the baby being lost in the womb will occur.

Health workers, especially midwives, have a role, namely educator who can provide counseling to pregnant women and their families that it is highly recommended to check their pregnancies from the start to health workers, provide midwifery care, recommend prenatal check-ups according to the standards set by the government, namely at least six times during pregnancy, and be able to explain the disadvantages that will occur if the pregnancy examination still relies on beliefs that until now be not true. This study aimed to analyze socio-cultural relations with K6 visits to pregnant women gestational age > 36 weeks.

METHOD

The design of this research is analytic, using a cross-sectional study approach. In a cross-sectional study, where variable measurements are only carried out by observing for a moment or within a certain period, each study is only done once. The independent variable in this study was socio-cultural regarding K6 visits to the gestational age >36 weeks pregnant women at the Klenang Kidul Health Center. The dependent variable in this study was K6 visits to the gestational age > 36 weeks pregnant women at the Klenang Kidul Health Center. The population in this study were all 34 pregnant women with gestational age >36 weeks—the sampling technique used in this study, namely accidental sampling. Samples taken were all pregnant women with gestational age >36 weeks, as many as 30 people. The primary data in this study is in the form of a sociocultural Questionnaire Sheet for the MCH Handbook for K6 visits. The data collection method that the author uses is a questionnaire. The data processing technique includes editing, coding, scoring, tabulating, and entering. The data analysis technique used is descriptive frequency analysis and Chi-Square.

RESULT

Characteristics of Pregnant Women

Table 1. Characteristics of Pregnant Women with Pregnancy Age > 36 Weeks based on Age, Education, and Occupation, and Pregnancy Status (n=30)

Variable	Frequency (f)	Percentage (%)
Age (years old)		
< 20	10	33.3
20-35	15	50.0
> 35	5	16.7
Education		
No School	0	0
Elementary school	9	30.0
Junior high school	13	43.3
Senior high school	6	20.0
College	2	6.7
Occupation		
Not Working/Retired	18	60.0
Farmers/traders / laborers	11	36.7
PNS/TNI/POLRI	1	3.3
Others	0	0
Pregnancy Status		
Primigravida	9	30.0
Multigravida	14	46.7
Grand multigravida	7	23.3

Based on Table 1. shows that most of the respondents were aged 20-35 years, namely 15 respondents (50%). Most of the respondents' education was junior high school, namely 13 respondents (43.3%). Most of the respondents' occupations are not working/retired, namely 18 respondents (60%). Most of the status of multigravida pregnancy, namely 14 respondents (46.7%).

Characteristics of Pregnant Women's Husband

Table 2. Characteristics of Pregnant Women's Husband based on Age, Education, and Occupation (n=30)

Variable	Frequency (f)	Percentage (%)
Age (years old)		
< 20	7	23.3
20-35	17	56.7
> 35	6	20.0
Education		
No School	0	0
Elementary school	11	36.7
Junior high school	14	46.7
Senior high school	4	13.3
College	1	3.3
Occupation		
Not Working/Retired	0	0
Farmers/traders / laborers	28	93.3
PNS/TNI/POLRI	0	0
Others	2	6.7

Table 2 shows that most of the respondents' husbands are 20-35 years, namely 17 respondents (56.7%). Most of the husband's education is in junior high school, namely 14 respondents (46.7%). Most of the husbands' jobs are farmers/traders/laborers, namely 28 respondents (93.3%).

Characteristics of Pregnant Women's Family

Table 3. Characteristics of Pregnant Women's Family based on Decision Maker, Ethnic, Religion, and Number of Children (n=30)

Variable	Frequency (f)	Percentage (%)
Decision maker		
Pregnant mother	12	40.0
Husband	8	26.7
Family	8	26.7
Together	2	6.7
Ethnic		
Javanese	9	30.0
Madurese	21	70.0
Religion		
Moslem	30	100
Number of children		
Not yet	9	30.0
One	14	46.6
Two	5	16.7
More than two	2	6.7

Based on Table 3. shows that most of the decision-making to carry out pregnancy checks in the family are pregnant women themselves, namely 12 respondents (40%). Most of the Madurese are 21 respondents (70%). All respondents' religion is Islam (100%). Most children are one, namely 14 respondents (46.6%).

Identification of Socio-Cultural and K6 Visits among Pregnant Women with Pregnancy Age > 36 Weeks

Table 4. Identification of Socio-Cultural and K6 Visits among Pregnant Women with Pregnancy Age > 36 Weeks (n=30)

Variable	Frequency (f)	Percentage (%)
Socio-cultural		
Yes	18	60.0
No	12	40.0
K6 visits		
No K6	14	46.7
K6	16	53.3

Table 4 shows that most pregnant women with pregnancy age >36 weeks are social and cultural, namely 18 respondents (60%). Most respondents made K6 visits, namely 16 respondents (53.3%).

Relationship between Socio-Cultural and K6 Visits among Pregnant Women with Pregnancy Age > 36 Weeks

Table 5. Relationship between Socio-Cultural and K6 Visits among Pregnant Women with Pregnancy Age > 36 Weeks (n=30)

Socio-cultural	Visit K6				Total		p-value	x ²
	No K6		K6					
	f	%	f	%	f	%		
Yes	4	22.2	14	77.8	18	100	0.001	10.0804
No	10	83.3	2	16.7	12	100		
Total	14	46.7	16	53.3	30	100		

Based on Table 5, it shows that with socio-culture, respondents made K6 visits, namely 14 respondents (77.8%), and without socio-culture, respondents made K6 visits two respondents (16.7%). Data analysis in this study uses Uji Chi-Square with a value of $\alpha=0.05$. From the calculation, the value is obtained p-value $0.001 < 0.05$. Thus, it can be concluded that there is a socio-cultural relationship with the K6 visit the Klenang Kidul Probolinggo Health Center.

DISCUSSION

Socio-Cultural among Pregnant Women with Gestational Age >36 Weeks at the Klenang Kidul Health Center, Probolinggo

It shows that most pregnant women are social and cultural, namely 18 respondents (60%). Meanwhile, general data showed that 15 respondents (50%) were aged 20-35 years, most of the respondents had junior high school education, 13 respondents (43.3%), most of them had unemployed/retired jobs, 18 respondents (60%), most of the decision-makers in carrying out pregnancy checks in the family are pregnant women themselves as many as 12 respondents (40%), most have Madurese as many as 21 respondents (70%), the majority have Islam, namely 30 respondents (100%), most 14 respondents (46.67%) had one child. The majority had multigravida pregnancy status, 14 respondents (46.67%).

Social is the way how individuals relate to each other and is something that concerns aspects of community life. However, when viewed from the origin of the word, culture or culture comes from Sanskrit, namely *buddhayah*, the plural form of *buddhi* (mind or reason), defined as matters relating to the human mind and intellect. Culture means the whole of human ideas and work that must be familiarized with learning as well as the total of the results of character (Koentjaraningrat, 2018)

The form of culture shows the form of ideas from civilization, which are abstract, cannot be touched, held, or photographed, and their place is in the people's minds in the community where the culture in question lives. An ideal culture functions to regulate, control, and direct human actions, behavior, and actions in society as a courtesy. This ideal culture can also be called customs (Setiadi, 2014)

The cultural system is part of the culture, often called customs in Indonesia. In another sense, the socio-cultural system examines the basic assumptions in people's lives. Giving meaning to the concept of the socio-cultural system is considered vital because it is not only to explain what is meant by the socio-cultural system itself but to provide an explanation of its description through reality in people's lives (Koentjaraningrat, 2018)

The cultural elements in society include the religious system, namely beliefs that are thick and have been passed down from generation to generation in the community. This study found that the religious system that had an influence was the majority of the respondent's tribe, namely Madura, who still believed in the 4-month and 7-monthly beliefs and things that were not allowed to check for pregnancies too early before was carried out. In addition, cultural forms influence our community systems and organizations, one of which is the decision maker in prenatal checks for health workers, namely the pregnant women themselves. A pregnant woman who is able and able to make her own decisions in having her pregnancy checked whenever she wants.

According to the researchers, the most influencing factor is age. This age range is a productive and active age to seek knowledge from various sources, from previous pregnancy experience, fellow friends, or through social media, about the importance of prenatal check-ups from the start and by government recommendations. Likewise, the education level of the respondents, most of whom were in junior high school, made it easier for respondents to digest and understand the culture and beliefs that surround them and their influence on the health of the mother and the baby she is carrying.

K6 Visits among Pregnant Women with Gestational Age >36 Weeks at the Klenang Kidul Health Center, Probolinggo

It shows that most respondents made K6 visits, namely 16 respondents (53.33%). Visits of pregnant women K6 are contacts of pregnant women with health workers to get ANC services according to the 10T standard, and the frequency of visits is at least six times during the gestation period, namely one time in the first trimester, two times in the second trimester, and three times in the third trimester. The use of K6 visit coverage is to measure the quality of services for pregnant women, measure the success rate of protecting pregnant women through standard plenary services, and measure the performance of health workers in providing services for pregnant women (Ministry of Health RI, 2021).

Factors that influence K6 visits are economic factors, employment status, socio-culture, and mother's characteristics, including education, age, and knowledge. Socio-cultural factors significantly affect a person's health behavior. Socio-culture is often used as a guide and procedure for behaving in society. This can have a positive impact but can also have a negative effect. The community will hold rules, norms, and behaviors passed down from generation to

generation in society, which are difficult to change even though they hurt public health (Notoatmodjo, 2017).

The researchers concluded that most pregnant women with UK >36 weeks made K6 visits. This illustrates that an orderly visit during pregnancy checks will positively impact the mother and baby, namely being able to detect from the start if there is an abnormality or emergency that threatens the lives of the mother and baby. This will also significantly impact the government's goal of reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), which are still high at the central and regional levels.

Socio-Cultural Relations with K6 Visits among Pregnant Women with Gestational Age >36 Weeks at the Klenang Kidul Health Center, Probolinggo

It shows that with socio-culture, respondents made K6 visits, namely 14 respondents (77.8%), and without socio-culture, respondents made K6 visits two respondents (16.7%). Data analysis in this study uses Uji Chi-Square with a value of $\alpha=0.05$. The value is obtained as p-value $0.001 < 0.05$. Thus, it can be concluded that there is a socio-cultural relationship with the K6 visit to the Klenang Kidul Probolinggo Health Center.

Socio-cultural factors affect K6 visits, among others; there is still a belief in the community that checking for pregnancy as early as possible can result in losing the baby in the womb. Having a pregnancy check while waiting for a four-monthly event is still a habit. This belief already exists in the community and has become a habit passed down from generation to generation (Koentjaraningrat, 2018).

Other factors that influence K6 visits are economic factors, employment status, socio-culture, and mother's characteristics, including education, age, and knowledge. Socio-cultural factors significantly affect a person's health behavior. Socio-culture is often used as a guide and procedure for behaving in society. This can have a positive impact but can also have a negative effect. The community will hold rules, norms, and behaviors passed down from generation to generation in society, which are difficult to change even though they hurt public health (Notoatmodjo, 2017).

According to Setiadi (2014), K6 visits pregnant women influenced by hereditary beliefs and customs are carried out solely because of the assumptions that occur in society with the hope that if the belief is carried out, it will benefit the community. Pregnant women and families. Even though until now, there has been no research that says if there is an effect of 4 monthly on the incidence of abortion or if you check a pregnancy above nine months of gestation, you will end up having a cesarean section.

Socio-cultural influences on visits are also inseparable from cultural elements, namely the organizational system in the community. This is closely related to trust in traditional birth attendants, who significantly influence pregnant women to make K6 visits to health workers. The *dukun* is a kinship system trusted by pregnant women to care for their pregnancies because their previous parents also did this.

Some of the benefits obtained with K6 visits are Monitoring the progress of pregnancy to ensure the health of the mother and the growth and development of the baby, Improving and maintaining the physical, mental, and social health of the mother and baby, Recognizing early any abnormalities or complications that may occur during pregnancy including a general history of disease, obstetrics, and surgery, preparing for full-term labor, safe delivery, mother and baby with minimal trauma, preparing the mother for the standard postpartum period and exclusive breastfeeding, and average growth and development.

The researchers argue that pregnant women with gestational age >36 weeks make K6 visits because they mostly understand the pros and cons of socio-cultural influences and traditional beliefs surrounding them. This is evidenced by mothers being able to make their own decisions about the right time for prenatal care with the hope that if an emergency occurs, the mother and baby can be treated immediately.

CONCLUSION

The conclusion from the study results is that most of the respondents have social culture, namely 18 respondents (60%). Most of the respondents made K6 visits, namely 16 respondents (53.3%). There is a relationship between socio-cultural with K6 visits for pregnant women with gestational age >36 weeks at the Klenang Kidul Probolinggo Health Center (p-value = 0.001). It is hoped that health workers can improve prenatal care services according to the standards set by the government by providing counseling on the benefits of antenatal care as early as possible and not being affected by existing social culture to reduce maternal and infant mortality.

ACKNOWLEDGEMENT

Thanks to the Midwifery Study Program, Stikes Hafshawaty Zainul Hasan, Probolinggo, Indonesia.

CONFLICT OF INTEREST

There isn't any conflict of interest.

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