

Factors That Influence The Visit Of Pregnant Mothers (Antenatal Care) In The Working Area Of The Abepantai Puskesmas, Jayapura City In 2020

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Abstract: *Maternal mortality, especially in pregnancy, is still high. One of the factors causing the examination through pregnancy visits (antenatal care) according to standards so that complications or complications in pregnancy can be detected. Various risk factors for pregnancy visits are influenced by socio-demographic characteristics and distance of service. The purpose of the study was to determine the factors that influence the ANC visits of pregnant women in the Abepantai Public Health Center Work Area, Jayapura City.*

This type of research is a deskriptif analitik with cross sectional study with 75 sample at teritory Abepantai helath centre Jayapura City. Data obtained through questionnaires. Data were analyzed using chi square.

The results showed that the factors influencing antenatal care visits in the work area of the Abepantai Public Health Center in Jayapura City were education (p 0.003), knowledge (p 0.003), family support (p 0.002). Factors that had no effect on antenatal care visits in the working area of the Abepantai Puskmas Jayapura City were maternal age (p 1,000), occupation (p 0.339), distance to health facilities (p 0.897). The most influential factor on antenatal visits at the Abepantai Public Health Center in Jayapura City in 2020 is education.

Keyword: *Visited, Antenatal Care, Helath Care*

I. INTRODUCTION

Antenatal Care (ANC) is a service provided to women during pregnancy. This ANC service is considered very important in ensuring that both the mother and the fetus will be good during pregnancy and during delivery. Routine pregnancy check-ups or ANC both mothers and health workers can find out the condition of pregnant women and the development of the fetus in the womb in more detail, if an obstacle or disturbance related to the pregnancy is found, it can be addressed immediately (Maria, 2018).

The maternal mortality rate is one indicator to see the success of maternal health efforts. Indonesia's 2019 health profile data, the decline in MMR in Indonesia has not yet reached the target, which can be seen from the maternal mortality rate from the period 1991 - 2015 from 390 to 305 per 100,000 live births, although there is a downward trend but has not succeeded in achieving the MDGs target of 102 per 100,000 births. living in 2015. The average decline is 5.5% per year and it is estimated that MMR in 2030 in Indonesia will fall to 131 per 100,000 live births, while the

SDGs target set for MMR is 70 per 100,000 live births (Anugrah, 2021)

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Pregnancy is a natural process experienced by every woman. term pregnancy is gestational age that lasts 37 weeks - 40 weeks, so during this time pregnant women require close supervision. The fetus in the womb develops along with the gestational age, so if it is not monitored closely it can cause complications in pregnancy, childbirth and postpartum, and also result in maternal and infant mortality (Manuaba, 2010).

WHO (World Health Organization) data regarding improving maternal health which is one of the Millennium Development Goal's (MDG's) goals according to the National target according to the MDGs, namely reducing the maternal mortality rate by of the maternal mortality rate in 2018, according to WHO, is 165/100,000 live births. , while experiencing a decrease in 2015 was 126/100,000. (WHO, 2019).

Based on a survey of Indonesian health demographics, it targets to reduce 3/4 of the maternal mortality rate in less than 3 years. The maternal mortality rate (MMR) in 2016 was around 390 100,000 live births, in 2017 the maternal mortality rate (MMR) was around 228 100,000 live births, while in 2018 the maternal mortality rate (MMR) is estimated to decrease by around 102 per 100,000 live births (IDHS Data, 2016).

Maternal mortality rate is one of the sensitive indicators in describing the welfare of the people of a country. The number of maternal deaths obtained during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth, and postpartum or their management but not due to other causes such as accidents and falls in every live birth (Megawati, 2021).

ANC is also a planned program in the form of observation, education, and medical treatment for pregnant women, with the aim of: keeping mothers healthy during pregnancy, childbirth, and postpartum as well as ensuring that babies are born healthy, the process of pregnancy and delivery is safe and satisfying, monitoring the possibility of birth defects. pregnancy risks, planning optimal management of high-risk pregnancies, and reducing perinatal maternal and fetal morbidity and mortality (Fitrayeni et al, 2015).

Until now, maternal and infant mortality is still a health problem in the world that is in the public spotlight. Around 810,000 pregnant women worldwide died from complications of pregnancy every day in 2017. A total of 295,000 pregnant women died during pregnancy or after delivery. The SDGs (Sustainable Development Goals) target in 2030 is to reduce the maternal mortality ratio to 70 per 100,000 births (WHO, 2019); (UNSD, 2018)

ANC is a policy of the Ministry of Health in an effort to overcome the surge in maternal and infant mortality rates in

Indonesia, namely by providing maternal and child health services at first-level health facilities and referrals based on strategic interventions in safe motherhood efforts which consist of four pillars. The second pillar of safe motherhood describes ANC which aims to prevent pregnancy complications that can be detected as early as possible and managed optimally (Saifuddin, 2014).

ANC is considered important because it aims to improve the mother's physical and psychological health during pregnancy, maximize early detection and treatment of high-risk cases, early detection of abnormalities that accompany pregnancy so that birth assistance procedures can be calculated and prepared, and able to deal with labor and the postpartum period (Saifuddin, 2014).). So it can be concluded that the main goal of ANC is to ensure that a pregnant woman gets quality health services so that she is able to undergo a pregnancy free from disease, have a safe delivery process, and give birth to a healthy baby (Pattipeilohy, 2017).

Pregnant women are required to meet the minimum frequency of antenatal care visits in each trimester. The minimum frequency of ANC visits as recommended by the Ministry of Health that must be carried out by every pregnant woman is at least once in the first trimester (0-12 weeks of gestation), once in the second trimester (12-24 weeks of gestation) and twice in the third trimester. (24 weeks of gestation until delivery). The coverage of K1 and K4 is an indicator to ensure the quality of ANC. K1 is the contact of pregnant women for the first time, while K4 is the contact of pregnant women for 4 or more times with competent health workers (Kemenkes RI, 2010).

Based on data from the Ministry of Health in 2020, Papua Province has a K1 achievement of 80.9% and K4 37.1% compared to Bali Province at a K1 achievement of 102.4% and K4 95% from the Ministry of Health data it can be concluded that there are still many pregnant women in Indonesia. Papua Province which does not regularly conduct regular ANC checks, especially for K4 pregnant women (Kemenkes, 2020)

At the Jayapura City Health Office, the number of ANC K1 visits in 2019 was 7,766 pregnant women and K4 were 5,242. In 2020 ANC K1 visits were 6,642 and K4 were 3,126 pregnant women (Jayapura City Health Office).

Based on data at the Abepantai Tahu Health Center 2019 visits to pregnant women, with the number of K1 visits as many as 278 (100%) and K4 visits 205 (73.74%) pregnant women. Data on visits by pregnant women in 2020 is 198 (100%) and K4 is 102 (51.51%).

The coverage of pregnant women's visits is influenced by many factors. In addition to the performance of health workers, in this case, services according to standards, are also heavily influenced by socio-cultural factors, education, occupation, income, knowledge and attitudes, parity, age, and geography (Ministry of Health, 2001).

Based on the problems above, the researchers are interested in taking the title of the study on Factors Influencing Antenatal Care Visits (ANC) for pregnant women in the Abepantai Community Health Center Work Area, Jayapura City in 2020.

II. SUBJECT AND RESEARCH METHODS

This type of research is a deskriptif analitik with cross sectional study with 75 sample at teritory Abepantai helath centre Jayapura City. Data obtained through questionnaires. Data were analyzed using chi square.

III. RESULT AND DISCUCCION

A. INFLUENCE BETWEEN AGE AND ANTENATAL CARE VISITS

The results of the research conducted at the Abepantai Health Center, some of the respondents who made complete antenatal care visits according to the standard were respondents with no risk age, namely 42.1%. The results of the statistical test of the study showed that there was no effect between age and antenatal care visits with the results of the statistical test p value of 1,000 ($p > 0.05$). This study is in line with Cholifah's research in Sumberejo Village, Wonoayu Sidoarjo, respondents with age not at risk and antenatal care reached 72.4%, and statistical test results showed that there was no effect between age and achievement with statistical test results p value = 0.355 ($P > 0.05$). Age affects a person's grasping power and mindset, the increasing age will also develop the capture power and mindset so that the knowledge obtained is getting better, this is as a result of the maturity of his soul. Gabriellyn's research also shows that there is no influence between age and regularity of antenatal care visits, this is due to the lack of knowledge of pregnant women about the correct schedule of antenatal care, which affects mothers to do antenatal care irregularly.

Researchers argue that at the age of 20-35 years pregnant women tend to be more regular because they feel that pregnancy checks are very important. While those aged less than 20 years tend to not understand the importance of antenatal care visits, those aged more than 35 years tend to be indifferent to antenatal care visits because they feel they have had a good experience even though these two age groups should routinely check their pregnancies with health workers because they are at high risk for pregnancy and childbirth.

B. INFLUENCE BETWEEN EDUCATION AND ANTENATAL CARE VISITS

Based on research conducted at the Abepantai Health Center, the results of statistical tests on the effect of education with antenatal care visits obtained a value of $p = 0.003$ ($p < 0.05$) statistically, this means that there is a significant effect between education and antenatal care visits. This study is in line with research conducted by Cholifah and Putri (2015) which showed that pregnant women with higher education categories and made visits according to standards as many as 53.3% statistical tests showed there was an influence between mother's education and visits with statistical test results $p = 0.001$ ($p < 0.05$).

The researcher believes that the education possessed by a mother is indeed an important factor that underlies pregnant women to carry out regular antenatal care checks. However,

this does not mean that pregnant women with low educational status (graduated from elementary and junior high schools) do not perform antenatal care examinations according to standards. Like Green's theory in Notoatmodjo, there are many other factors that also encourage pregnant women to have regular prenatal care, including maternal age, knowledge and family support.

C. INFLUENCE BETWEEN OCCUPATION AND ANTENATAL CARE VISITS

The results of the research at the Aepantai Public Health Center showed that there was no effect between work and K4 antenatal care visits with statistical test results p value 0.339 ($p > 0.05$). The results of this study are in line with research conducted by Gabriela which shows that there is no influence between mother's work and the completeness of antenatal care visits. Research conducted by the Melviati Union also stated that there was no effect between mother's work and the completeness of antenatal care visits.

Researchers believe that pregnant women who do not work will have a lot of free time to check their pregnancy. Pregnant women who are busy with their work have less time to get antenatal care services.

This is in accordance with Notoadmodjo's theory which states that if the mother is active outside the house or inside the house, except for routine household work to earn money and increase family income. Working mothers will have less time to check their pregnancy and spend more time working. Meanwhile, mothers who do not work will have a lot of time to check their pregnancy.

D. INFLUENCE BETWEEN KNOWLEDGE AND ANTENATAL CARE VISITS

Based on research conducted at the Abepantai Health Center, it was found that the proportion of respondents who had good knowledge and carried out antenatal care visits according to the standard was 50.8%. This statistic means that there is a significant effect between knowledge and antenatal care visits. obtained p value = 0.003 ($p < 0.05$) statistically this means that there is a significant effect between knowledge and antenatal care visits. This study is in line with research conducted by Xanda which stated that there was a significant effect between knowledge and antenatal care visits with the proportion of good knowledge and complete antenatal care visits of 67.5%. while the proportion of poor knowledge and complete antenatal care visits was 43.2%.

Adequate knowledge will make it easier for individuals to receive and translate the information provided. This will lead to positive thinking in individuals about the problems at hand. Knowledge is a very important domain for the process of forming behavior. Antenatal Care is one form of health behavior. According to Green in Notoatmodjo states that the factors that cause behavior are influenced by three factors, namely predisposing factors such as knowledge, attitudes, beliefs, values relating to a person's motivation to act. Enabling factors or behavioral supporting factors are facilities, facilities or infrastructure.

The results of this study are also supported by research conducted by Cholifah (2015).

Showed that there was an influence between mother's knowledge and K4 achievement with p value = 0.001 ($p < 0.05$), almost all mothers (94.4%) had good knowledge.

E. THE INFLUENCE OF HUSBAND'S SUPPORT WITH ANTENATAL CARE VISITS

Based on research conducted at the Abepantai Health Center, it was found that the proportion of respondents who had good knowledge and carried out antenatal care visits according to the standard was 50.8%. This statistic means that there is a significant effect between knowledge and antenatal care visits. This study is in line with research conducted by Xanda which stated that there was a significant effect between knowledge and antenatal care visits with the proportion of good knowledge and complete antenatal care visits of 67.5% while the proportion of poor knowledge and complete antenatal care visits was 43, 2%.

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The results of this study are also supported by research conducted by Cholifah (2015) which shows that there is an influence between mother's knowledge and the achievement of K4 with a p value of 0.001 ($p < 0.05$), almost all mothers who reach visits (94.4%) have good knowledge.

F. THE EFFECT OF DISTANCE FROM RESIDENCE TO HEALTH FACILITIES AND ANTENATAL CARE VISITS

The results showed that there was no effect between distance to health facilities and antenatal care visits K4 with a statistical test result p value of 0.897 ($p > 0.05$). This is in line with research conducted by Hukmiah which states that there is no effect between distance traveled and antenatal care, in contrast to research conducted by Dwi Feni which states that 79.5% of respondents who live far from home do not perform a complete antenatal care examination. with statistical test results $p = 0.001$ ($p < 0.005$) (Danik, 2019).

IV. CONCLUSION

- ✓ There is no effect between maternal age and antenatal care visits with results of $p = 0.000$ ($p > 0.05$) at the Abepantai Health Center Jayapura City in 2020
- ✓ There is an influence between mother's education and antenatal care visits with $p = 0.003$ ($p < 0.05$) at the Abepantai Public Health Center, Jayapura City in 2020

- ✓ There is no effect between mother's work and antenatal care visits with $p = 0.339$ ($p > 0.05$) at the Abepantai Public Health Center, Jayapura City in 2020
- ✓ There is an influence between mother's knowledge and antenatal care visits at the Abepantai Public Health Center, Jayapura City in 2020
- ✓ There is an effect between family support and antenatal care visits with outcomes; $p = 0.003$ ($p < 0.05$) at the Abepantai Public Health Center, Jayapura City in 2020
- ✓ There is no effect between distance to health facilities and antenatal care visits with a result of $p = 0.897$ ($p < 0.05$) at the Abepantai Community Health Center, Jayapura City in 2020
- ✓ The most influential factor on antenatal visits at the Abepantai Public Health Center in Jayapura City in 2020 is Education.

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