

Factors Related With Expectant Mothers to Take Antenatal Care In the North Kampar Health Center Working Area

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Abstract— Antenatal care examination visit is an activity to check the condition of the pregnancy carried out by the pregnant woman to the place of the health care worker at least four times during pregnancy. In the working area of Public Health Center North Kampar the ANC coverage data decreased from 2014 to 2015, namely KI 86% and K4 71.83%. This study aims to determine the determinant factors associated with antenatal care examination visits. This research is quantitative observational analytic with analytic cross sectional design. With a population of 229 people and a sample of 194 people were taken by Systematic Random Sampling. Data analysis was performed univariate, bivariate with Chi Square test and multivariate with multiple logistic regression test. The results of this study showed the proportion of postpartum mothers who did not regularly visit the ANC was 91 people (46.9%). Multivariate results that were significantly related to regular ANC visits were parity p value 0.002 POR 2.620 (95% CI 1.430 - 5.506). The need for awareness of pregnant women on regular pregnancy checks to health workers and spacing or spacing the pregnancy to reduce the risk of pregnancy complications. Health workers also need to actively increase pregnancy visits through home visits if pregnant women do not conduct examinations.

Keywords—*Visit ANC, Parity, Public Health Center North Kampar*

I. INTRODUCTION

Antenatal Care Examination Visit (ANC) is an activity of examining the condition of pregnancy carried out by pregnant women to the place of health care workers, namely general practitioners or midwives or nurses in preparation for delivery (1). The main purpose of antenatal care examination visits is to reduce maternal and perinatal morbidity and mortality, which until now has not been achieved, this is because there are still many pregnant women who do not visit antenatal care for various reasons. (2).

Ensuring the quality of Antenatal Care services needs indicators that state the visit of pregnant women, namely the scope of Visit 1 (K1) and Visit 4 (K4), where K1 is the first contact of pregnant women with health workers and K4 is the contact of fourth or more pregnant women with health workers to get antenatal care with distribution once in trimester I and II and twice in trimester III (3).

MMR can be prevented by conducting antenatal care checks. If a pregnant woman does not do a pregnancy check, it will not be known whether the pregnancy is going well or experiencing a high risk condition and obstetric complications that can endanger the lives of the mother and fetus, and can cause high morbidity and mortality (4).

Tura (5) reveals antenatal care visits conducted by pregnant women is influenced by several factors such as knowledge, attitude, educational level, parity, employment, economic status, husband's support and service quality antenatal care. The limited knowledge of the mother is one of the factors that influence the non-compliance of mothers in conducting antenatal care. Families with a sufficient economy can check their pregnancies regularly and plan for delivery well. Other factors such as the distance of residence away from health care places makes pregnant women lazy to check their pregnancy (6).

Based on the Indonesian Health Demographic Survey (7), 74% of pregnant women meet the government recommended visit schedule, but are still below the 95% target according to the Maternal Health Program. Achievement of coverage of pregnant women in urban areas (KI 85% and K4 93%) tend to be more concerned about having a pregnancy than rural pregnant women (KI 76% and K4 83%). Data on Indonesia's health profile in 2014 is also known, the coverage of K1 pregnancy examinations was 94.99% and K4 was 86.70%.

Data from the Department of Health found that from 12 districts in Riau Province, Kampar District experienced an increase in MMR from 18 cases in 2014 to 23 cases in 2015, and the achievement of ANC coverage decreased with 99.35% CC and 95.91% CC in 2014 became KI 91.91% and K4 86.12% in 2015 (8).

Local Area Health Monitoring Data for Children of Child Health District Health Service

Achievement of ANC coverage decreased from 2014 to 2015, ie 86% KI and 83% K4 to 81.00% KI and 71.83% K4. Even though the area has developed well, which consists of 8 villages (Sawah, Kp.Panjang, Sendayan, Naga Beralih, Sungai Jalau, Kayu Aro, Muara Jalai dan Sungai Tonang) each village already has a village midwife, but the community there is still found pregnant women who do antenatal care checks in several places, namely Desa Sawah, Sungai Jalau, dan Sungai Tonang. The low level of ANC visits in the North Kampar Health Center work area is related to the theory of behavior put forward by WHO. There are several factors that influence human behavior such as thoughts and feelings (level of knowledge, beliefs, attitudes, perceptions), reference groups (village heads, religious leaders, families, health workers), resources (facilities, money, time and energy), and way of life (habits and values) (9). The purpose of this study was to determine the determinant factors associated with antenatal care examination visits.

II. METHODS

This type of research used in this research is observational quantitative analytic with Cross Sectional Study design. The sample in this study was post-partum mothers in January-September 2016 in the work area of the North Kampar Health Center as many as 194 people. Samples to be taken using systematic random sampling procedures.

The sampling procedure was carried out by selecting postpartum mothers in January-September 2016 in Public Health Center North Kampar. The type of data collected is primary data and secondary data. Primary data were obtained from filling out questionnaires for independent variables namely knowledge, attitudes, media information on husband / family support, support of health workers, parity, distance of residence, family income and education. Whereas secondary data was obtained from data of postpartum mothers in January-September 2016 in the Work Area of Public Health Center North Kampar for the dependent variable, namely the regularity of antenatal care visits.

Data processing is carried out in the stages of editing, coding, processing, cleaning and tabulating. Data analysis was performed, namely univariate analysis, bivariate analysis with chi square test and multivariate analysis with multiple logistic regression.

III. RESULTS

The results of the univariate analysis of the independent variables that will be sought are related to the regularity of ANC visits to postpartum mothers in the work area of Public Health Center North Kampar, North Kampar District, Kampar Regency as follows: % of postpartum mothers had no information media, 31.4% of postpartum mothers had no husband / family support, 18% of postpartum mothers had no support

from health workers, 49.5% postpartum parity mothers were many, 22.7% long distance postpartum mothers, 37, 1% of postpartum mothers have low incomes and 21.1% of postpartum mothers with low education. From the results of bivariate analysis, there were 5 variables that were significantly related ($p < 0.05$) with ANC visits, namely knowledge (p value = 0.008), attitude (p value = 0.033), husband / family support (p value = 0.009), parity (p value = 0.000), education (p value = 0.017) (Table 1).

Multivariate analysis carried out the first few stages, namely bivariate selection to find out which variables will be included in the multivariate modeling. Furthermore, counfounding checks ($OR > 10\%$ change) by issuing a variable whose p value ≥ 0.05 gradually from a large p value. In this study, the final modeling results obtained significantly related to the ANC visit, namely parity (Table 2)

TABEL 1. FREQUENCY DISTRIBUTION AND FACTORS RELATED TO VISIT EXAMINATION OF PREGNANCY

RELATED TO VISIT EXAMINATION OF PREGNANCY							
Variable	Visit ANC					P Value	POR (95%CI)
	Do not do		Do		Total n(%)		
	N	%	N	%			
Knowledge							
Low	19	70,4	8	29,6	27(100)	0,008	3,134(1,299-
High	72	43,1	95	56,9	167(100)		7,563)
Attitude							
Negative	37	57,8	27	42,2	64(100)	0,033	1,929(1,052-
Positive	54	41,5	76	58,5	130(100)		3,537)
Information Media							
There is no	7	70	3	30	10(100)	0,133	2,778(0,697-
There is	84	45,7	100	54,3	184(100)		11,077)
Husband / family support							
There is no	37	60,7	24	39,3	61(100)	0,009	2,255(1,214-
There is	54	40,6	79	59,4	133(100)		4,190)
Health Staff Support							
There is no	16	45,7	19	54,3	35(100)	0,876	0,943(0,453-
There is	75	47,2	84	52,8	159(100)		1,966)
Parity							
Many (>2)	58	60,4	38	39,6	96(100)	0,000	3,006(1,674-
a little (1-2)	33	33,7	65	66,3	98(100)		5,399)
Distance of residence							
Far	26	59,1	18	40,9	44(100)	0,066	1,889(0,955-
Near	65	43,3	85	56,7	150(100)		3,737)
Family income							
Low	32	44,4	40	55,6	72(100)	0,597	0,854(0,476-
High	59	48,4	63	51,6	122(100)		1,533)
Education							
Low	26	63,4	15	36,6	41(100)	0,017	2,347(1,152-
High	65	42,5	88	57,5	153(100)		4,781)

Source: primary data

TABEL 2. FINAL MULTIVARIATE MODELING

No	Independent Variable	P Value	POR	(95% CI)
1.	Knowledge	0,080	2,341	0,903 – 6,073
2.	Parity	0,002	2,620	1,430 - 4,799
3.	Distance	0,203	1,605	0,775 - 3,324
4.	Education	0,128	1,824	0,841 – 3,955

Source: primary data

In this study it was found that parity of the puerperal mother to the regularity of ANC visits can be seen from the POR value obtained of 2,620 (1,430–5,506). This means that postpartum mothers with parity have a lot of influence 3 times for irregular ANC visits compared to postpartum parity mothers. Parity is linked to cause and effect with ANC visits to postpartum mothers. The parity of postpartum mothers will influence the ANC visit 3 times compared to parity of postpartum mothers. It was found there is a confounding variable, namely distance to education, education to knowledge, knowledge to education. Postpartum mothers with a distance of residence far from health facilities will make it difficult for mothers to check their pregnancy, resulting in mothers becoming lazy or reluctant to check their health to health services, but for highly educated mothers will be more concerned to check their pregnancy even though the distance of residence is far from the facility health because with the high education of the mother, it is also good that the level of knowledge of the mother towards understanding health issues so that mothers with high knowledge will also be motivated to maintain their pregnancy by conducting regular antenatal care even though the mother has given birth more than once and the distance is no longer a barrier for mothers to check their pregnancy regularly. This study is in accordance with studies of Kakati, et.al, Wulandatika, Gitonga, and Ali, et.al (10) (11) (12) (13) that parity affects pregnant women to conduct antenatal care visits. The results of the study show that parity affects antenatal visits as it appears that as parity increases, mothers feel they have experience in pregnancy so that pregnancy visits are decreased (14). This is in line with the opinion of Zhao, et.al and Gross, et.al, Mukaromah (15) (16) (17) that women with high parity tend to rely on previous pregnancy experiences and do not feel or consider it important to utilize antenatal care examination visits. This agrees with other studies that have found that high parity has been found in many countries as a barrier to the use of antenatal care services (18) (19) (20).

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