

Analysis of Factors Affecting the Completeness of Antenatal Care (ANC) Examination in Bojonegoro Regency

by IJMR IIKNU

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Analysis of Factors Affecting the Completeness of Antenatal Care (ANC) Examination in Bojonegoro Regency

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ABSTRACT

Background: Antenatal care is aimed to pregnant women not only during illness and requires care, but it is the supervision and take care of pregnant women to avoid abnormalities in pregnancy, so that the mother and child are healthy and safe. Antenatal care is very important to ensure the process of pregnancy, childbirth until the puerperium so that the process can run normally and healthy. The intensity of antenatal care visits (ANC), can be divided into first trimester 1x visit (K1), second trimester 1x visit (K2), third trimester 2x (K4). The number of pregnant women who are in K4 coverage not yet 100%. This is due to several factors that will be examined in this research, including the knowledge of mothers, family support, the role of posyandu cadres, the role of health workers, and health infrastructure facilities.

Methods: The design of this study used an observational method with a cross sectional approach. With a population of all third trimester pregnant women conducting ANC checks in the work areas of the Kesongo, Kedungadem, Kepohbaru and Sugihwaras Puskesmas, 151 people. By using purposive sampling technique obtained a sample of 110 respondents. The independent variables in this study are maternal knowledge, family support, the role of posyandu cadres, the role of health workers and infrastructure, while the dependent variable in this study is the completeness of antenatal care checks from pregnant women. From the research using binary logistic regression test data obtained for each varying variable are as follows:

Results: P value of knowledge of the mother 0.010 <0.05 which means that maternal knowledge has an influence on the completeness of antenatal care examination. P value of family support is 0.000 <0.05 which means that mother's knowledge has an influence on the completeness of antenatal care examination. P value posyandu cadres role 0.000 <0.05 which means that posyandu cadres role have an influence on the completeness of antenatal care checks. P value of the role of health workers is 0.000 <0.05 which means that the role of posyandu cadres has an influence on the completeness of antenatal care examinations. P value of facilities and infrastructure 0.000 <0.05 which means that the facilities and infrastructure have an influence on the completeness of antenatal care checks.

Conclusion: While the OR value of the role of the officer has the greatest value, that is equal to 53.164 which means that the role of the officer is the most dominant factor influencing the completeness of the antenatal care examination.

Keywords: Antenatal care, examination, pregnancy, knowledge

BACKGROUND

Antenatal care is aimed to pregnant women not only during illness and requires care, but is the supervision and care of pregnant women to avoid abnormalities in pregnancy, so that the mother and child are healthy and safe. Antenatal care is very important to ensure the process of pregnancy, childbirth until the puerperium so that the process can run normally and healthy.

Maternal Mortality Rate (MMR) is one indicator that is sensitive to the quality and accessibility of health care facilities. Based on the 2013 Indonesian Demographic and Health Survey (IDHS), MMR (related to pregnancy, childbirth, and childbirth) amounted to 359 per 100,000 live births. This figure is still quite high when compared to neighboring countries in the ASEAN region. In 2007, when MMR in Indonesia reached 228, MMR in Singapore was only 6 per 100,000 live births, Brunei 33 per 100,000 live births, while in the Philippines 112 per 100,000 live births, and Malaysia and Vietnam both reached 160 per 100,000 live births.

MMR is an indicator to measure development performance in general in improving community welfare and the utilization of maternal and child health services. High maternal and infant mortality rates indicate that the quality of health services is low. In order to achieve the goal of health development to improve the degree of public health, efforts have been made to provide public health services, particularly antenatal care services. Antenatal care services are services provided by health professionals (obstetricians and obstetrics, general practitioners, midwives and nurses) to pregnant women during their pregnancy following the existing antenatal care service program, with a focus on promoting and preventing activities.

The results of antenatal care services can be seen from the coverage of K1 and K4 services. K1 service is the first visit of pregnant women to contact with health workers regardless of gestational age. It is expected that all pregnant women first contact with health workers at the gestational age in the first trimester called K1 pure, there are also pregnant women who first contact with health workers during gestational age more than trimester II called K1 access. Whereas K4 is a visit of a pregnant woman at least 4 times during her pregnancy, that is 1 visit in the first trimester, 1 visit in the second trimester and 2 visits in the third trimester. That the antenatal care visit is said to be complete if a K1 up to K4 visit has been made. The achievement of K4 visit in Bojonegoro Regency in 2018 was 87.01%, not yet fulfilled the National target for 95% K1 visit and 95% K4 visit. Where the low coverage of K4 pregnancy examinations in Bojonegoro Regency, it can be seen from 4 Public Health Centers whose ANC level K4 coverage is still low from 36 Public Health Centers in Bojonegoro Regency, namely Kesongo Public Health Centers 69.0%, Kepohbaru Public Health Centers 79.2%, Kedangadem Public Health Centers 80.6% %, and Sugihwaras Public Health Center 85.2%. (Bojonegoro Regency Health Profile in 2018).

Ministry of Health Republic Indonesia Decree No.1457 / Menkes / SK / X / 2003 regarding minimum service standards in the health sector in districts or cities as one way to reduce MMR and IMR. Pregnancy checks aside from looking at the quantity (number of visits) is also important to pay attention to the quality of the examination. Public Health Centers as the spearhead of comprehensive, integrated, equitable and affordable health service facilities by the community in their working areas carry out the main activities of Public Health Centers, one of which is undertaking maternal and child health efforts which are the top priority for health development in all regions of Indonesia. From 36 Public Health Center throughout Bojonegoro District, Public Health Center are the ones who prioritize maternal and child health to monitor the progress and development of mothers and fetuses during the pregnancy process, in addition to that there are also cadres in each village to

monitor maternal and child health service activities. However, based on 2018 maternal and child health data, there are still 4 Public Health Centers, namely Kesongo Public Health Center, Kepohbaru Public Health Center, Kedungadem Public Health Center, and Sugihwaras Public Health Center whose achievements are low.

Antenatal visit of a pregnant woman is determined by knowledge, attitudes, actions, income, beliefs, customs and perceptions, age, parity, education as predisposing factors and supporting factors such as the physical environment, completeness of health facilities and driving factors namely family support, staff attitudes health and support of health workers and community leaders. (Notoatmodjo, 2005).

Factors antenatal care coverage or coverage K4 in Bojonegoro mainly found in four Public Health Center those are: Kesongo Public Health Center, Kepohbaru Public Health Center, Kedungadem Public Health Center, and Sugihwaras Public Health Center s whose achievements were low or less than the target. The antenatal care visit is said to be complete if it has made a visit from K1-K4. The low coverage results indicate that it might be due to factors, lack of maternal knowledge, lack of family support, lack of support from health workers, lack of cadre support, and completeness of antenatal care examination facilities at health centers that are lacking and negative attitude of pregnant women regarding antenatal visits care.

Improving the quality of service will have a positive effect on service productivity at the Public Health Center. Therefore it is necessary to make efforts that involve all parties, especially pregnant women, to change and optimize antenatal care visits to health services. Based on this background, researchers are interested in conducting further research on "Analysis of Factors Affecting the Completeness of Antenatal Care Examination (ANC) in Bojonegoro Regency".

METHODS

The design of this study used an observational method with a cross sectional approach. With a population of all third trimester pregnant women conducting ANC examination in the work areas of the Kesongo, Kedungadem, Kepohbaru and Sugihwaras Public Health Center, 151 people. By using purposive sampling technique obtained a sample of 110 respondents. The independent variables in this study are maternal knowledge, family support, the role of posyandu cadres, the role of health workers and infrastructure, while the dependent variable in this study is the completeness of antenatal care checks from pregnant women.

RESULTS

Description of Place of Study

This research was conducted in Bojonegoro Regency because according to data and preliminary studies that in Bojonegoro District the scope of ANC visits for K4 was still low. Based on 2018 maternal and child health data from 36 Puskesmas throughout Bojonegoro District there are still 4 Public Health Centers, namely Kesongo Public Health Center, Kepohbaru Public Health Center, Kedungadem Public Health Center, and Sugihwaras Public Health Center whose achievements are low.

Descriptive Public Data

Based on the results of the study of table 1, out of 110 respondents it was mentioned that almost half of them 21-34 years old 54 (49,1%), mostly on the level of senior high school education 69 (62,7%), and 52 (47,3%) work as housewife.

Based on table 2 the results of this study of 110 respondents found that most of the mother's knowledge as much as 106 (96,4%) are good, the family support as much as 57 (51,8%) haven't support, the role of Posyandu cadres as much as 63 (57,3%) haven't role, the role of health workers as much as 59 (53,6%) have role, and health service infrastructure as much as 76 (69,1%) are poor.

Table 1 Distribution Frequency Characteristics of Respondents

Characteristic	(f)	(%)
<20 years	29	26.4
21-34 years	54	49.1
>35 years	27	24.5
Junior High School	28	25.5
Senior High School	69	62.7
Academy	3	2.7
University	10	9.1
Housewife	52	47.3
Farmer	48	43.6
Private worker	6	5.5
Government employees	4	3.6
Total	110	100.0

Source: Primary Data (2020)

Table 2 Distribution Frequency Respondents Based on Special Data

Mother's knowledge	(f)	(%)
Poor	4	3.6
Good	106	96.4
Family support	(f)	(%)
Not support	57	51.8
Support	53	48.2
The role of Posyandu cadres	(f)	(%)
Haven't role	63	57.3
Have role	47	42.7
The role of health workers	(f)	(%)
Haven't role	51	46.4
Have role	59	53.6
Health service infrastructure	(f)	(%)
Poor	76	69.1
Good	34	30.9
Total	110	100.0

Source: Primary Data (2020)

Table 3. Cross tabulation mother's knowledge on completeness of the ANC examination

	Variable		Completeness of the ANC		Total
			Incomplete	Complete	
Mother's knowledge	Poor	Frequency	4	0	4
		%	3,64	0,00	3,64
	Good	Frequency	38	68	106
		%	34,55	61,82	96,36
Total	Frequency	42	68	110	
	%	38,18	61,82	100,00	

Source: Primary Data (2020)

Based on table 3 it can be seen that the majority of respondents who answered good knowledge and complete ANC examination were 68 respondents (61.82%) out of a total of 110 respondents. Almost some respondents who have good knowledge and do not have complete ANC are 38 respondents (34.55%) out of a total of 110 respondents.

Table 4. Cross tabulation family support on completeness of the ANC examination

	Variable		Completeness of the ANC		Total
			Incomplete	Complete	
Family support	Not support	Frequency	34	23	57
		%	30,91	20,91	51,82
	Support	Frequency	8	45	53
		%	7,27	40,91	48,18
Total	Frequency	42	68	110	
	%	38,18	61,82	100,00	

Source: Primary Data (2020)

Based on table 4 it can be seen that almost the majority of respondents who answered family support supported and completed the complete ANC examination in the amount of 45 respondents (40.91%) of the total 110 respondents. A small proportion of respondents who have family support and do not have ANC completeness are 8 respondents (7.27%) from 110 respondents.

Table 5. Cross tabulation the role of Posyandu cadres on completeness of the ANC examination

	Variable		Completeness of the ANC		Total
			Incomplete	Complete	
The role of Posyandu cadres	Haven't role	Frequency	37	26	63
		%	33,64	23,64	57,27
	Role	Frequency	5	42	47
		%	4,55	38,18	42,73
Total	Frequency	42	68	110	
	%	38,18	61,82	100,00	

Source: Primary Data (2020)

Based on table 5 it can be seen that almost the majority of respondents who answered the posyandu cadre had the role and completeness of the complete ANC examination in the amount of 42 respondents (38.18%) out of a total of 110 respondents. A small number of

respondents who thought the **posyandu** cadre played a role and did not have ANC completeness were a number of 5 respondents (4.55%) from a total of 110 respondents.

Based on table 6 it can be seen that some of the respondents who answered the role of health workers had the role and completeness of the complete ANC examination in the amount of 55 respondents (50%) of the total 110 respondents. A small proportion of respondents who think that health workers play a role and do not have ANC completeness are 4 respondents (3.64%) of the total 110 respondents.

Based on table 7 it can be seen that almost the majority of respondents who answered the infrastructure of health services were not good enough and the completeness of the ANC examination was incomplete that is equal to 40 respondents (36.36%) of the total 110 respondents. Nearly some respondents who thought that the facilities and infrastructure were not good and had complete ANC were 36 respondents (32.73%) out of a total of 110 respondents. Test Statistics to determine the dominant factor the role of the officer is the most dominant factor influencing the completeness of the antenatal care examination.

Table 6 Cross tabulation the role of health workers on completeness of the ANC

Variable			Completeness of the ANC		Total
			Incomplete	Complete	
The role of health workers	Haven't role	Frequency	38	13	51
		%	34,55	11,82	46,36
	Role	Frequency	4	55	59
		%	3,64	50,00	53,64
Total		Frequency	42	68	110
		%	38,18	61,82	100,00

Source : Primary Data (2020)

Table 7. Cross tabulation health service infrastructure on completeness of the ANC examination

Variable			Completeness of the ANC		Total
			Incomplete	Complete	
Health service infrastructure	Poor	Frequency	40	36	76
		%	36,36	32,73	69,09
	Good	Frequency	2	32	34
		%	1,82	29,09	30,91
Total		Frequency	42	68	110
		%	38,18	61,82	100,00

Source: Primary Data (2020)

DISCUSSION

Influence of mother's knowledge on completeness of the ANC examination

The results showed that there was an influence of mother's knowledge with the completeness of antenatal care examinations, with a p value of 0.010 <0.05 which means H1 was accepted. And with a positive OR value of 6.721, it means that mothers with good knowledge have a 6.721 times chance for a complete Antenatal Care examination. Knowledge of pregnancy must be possessed by pregnant women to be able to prepare physically or

mentally for the health of the mother and fetus until the end of the pregnancy. If physical or psychological abnormalities are found, immediate intervention can be made.

Based on research results the influence of the level of knowledge of the mother (X1) on the completeness of the ANC examination (Y), produces a statement that the level of knowledge of the mother can affect the awareness of the mother to do a pregnancy check. So that pregnancy examination becomes an important process to find out the growth and development of the baby in the womb and the planning of labor. This is corroborated by Tura's research which states that the better the knowledge possessed by pregnant women, the easier it is for mothers to accept and understand ANC as a form of health service used to monitor the health conditions of the mother and the baby they contain.

Influence of family support on completeness of the ANC examination

The results showed that there was a relationship of family support with the completeness of antenatal care checks, with a p value of 0,000 <0,05 which means H1 was accepted. And an OR value of 23,098 means that mothers with family support have 23,098 times the opportunity for a complete Antenatal Care examination. Family support is a factor influencing the completeness of ANC examination, as stated by Hidayatun (2014), in a study entitled "Analysis of Pregnant Mother Factors on Antenatal Care Visits at the Siwalankerto Public Health Center in Surabaya", that the family is the closest party and knows the process of pregnancy until parturition, including the ANC examination process. The results of this study are strengthened by the results of Winarno's study which states that pregnant women who have family support for ANC do more ANC than mothers who do not get family support.

Influence of the role of Posyandu cadres on completeness of the ANC examination

The results showed that there was a relationship between the Posyandu cadre's role and the completeness of the antenatal care examination, that with a p value of 0,000 <0,05 which meant H1 was accepted. And with an OR value of positive 26,376, it means that mothers who get the role of posyandu cadre have a 26,337 times chance for a complete Antenatal Care examination. The role of cadres in the maternal and child health program is to inform all health problems related to the health of pregnant women, newborn babies and be able to be a mobilizer for existing community groups or organizations. With the existence of cadres who are midwives' collaboration with the village in the efforts of pregnant women and children health also has an influence on the completeness of ANC examination by mothers. That is because the cadres who are scattered can monitor and remind the completeness of the examination of pregnancy for pregnant women. This also correlates with Kurniawati's research which states that the scope of the completeness of the first and fourth pregnancy examinations is influenced by the activeness of cadres from village midwives as assistants in carrying out maternal and child health programs in the village.

Influence of the role of health workers on completeness of the ANC examination

The results showed that there was a relationship between the role of health workers with the completeness of antenatal care examinations, with a p value of 0,000 <0,05 which means H1 was accepted. And with an OR value of positive 53,164 it means that mothers who get the role of health workers well have the opportunity 53,164 times for a complete Antenatal Care examination. In order to fulfill the completeness of the ANC, the active role of health workers is one of the determining factors in completing the ANC. Then health workers can provide education about pregnancy to pregnant women, including education in conducting pregnancy checks. The results of this study are directly proportional to the

research conducted by Resia Paputungan¹ which states that the role of officers is one of the factors that influence the interest of mothers in carrying out antenatal care. Quality of service, friendliness and professionalism of health workers are important roles in shaping the interest of mothers in carrying out antenatal care.

Influence of the role of health service infrastructure on completeness of the ANC examination

The results showed that there was a relationship between health service infrastructure with the completeness of antenatal care checks, with a p value of 0,000 <0,05, which means H1 was accepted. And with an OR value of positive 21,751, it means that mothers with the availability of adequate health service infrastructure have 21,751 times the opportunity for a complete Antenatal Care examination. Facilities and infrastructure are factors that support to carry out actions or activities to provide antenatal care services. Infrastructure includes waiting rooms, registration rooms, examination rooms for pregnant women, and bathrooms that meet health standards, namely the availability of clean water that meets physical, chemical and bacteriological requirements, adequate lighting, adequate ventilation and guaranteed security, equipment used for pregnancy inspection services for pregnant women. Based on the results of research on the influence of health service facilities and infrastructure on completeness of examination or ANC, pregnant women who do not have complete ANC examination, it can be seen that the majority of inspection locations have inadequate facilities and infrastructure. As a result, some of the information that completes the ANC examination cannot be fulfilled due to suboptimal examination. This was stated by Kurniawati in her research which stated that health facilities and infrastructure also had an influence on the completeness of ANC examination for pregnant women.

CONCLUSION

1. The mother's knowledge factor has a significant influence on the completeness of the ANC examination in Bojonegoro Regency (p value: 0.010 and OR value: 6.721) and most of the ANC completeness for pregnant women who have good knowledge.
2. Family support factor has a significant influence on the completeness of ANC examination in Bojonegoro Regency (p value: 0,000 and OR value: 23,098) and most of them have ANC completeness for pregnant women who get support from the family.
3. The role of Pusyandu cadre factors have a significant influence on completeness of ANC examination in Bojonegoro Regency (p value: 0,000 and OR value: 26,376) and most of them have ANC completeness for pregnant women who get roles from cadres.
4. The role factor of health workers has a significant influence on the completeness of ANC examination in Bojonegoro District (p value: 0,000 and OR value: 53,164) and most of them have ANC completeness for pregnant women who get the role of health workers.
5. Health service infrastructure has a significant influence on the completeness of ANC examination in Bojonegoro Regency (p value: 0,000 and OR value: 21,751) and most do not have complete ANC examination for pregnant women who do not get poor quality facilities and infrastructure good.
6. Factors of mother's knowledge, family support, the role of Posyandu cadres, the role of health workers and health service infrastructure simultaneously or jointly affect the completeness of ANC examination in Bojonegoro Regency (p value: 0,000 and R Square value: 0.596 or 59,6%).
7. The role of health workers is the most dominant factor affecting the completeness of ANC examination in Bojonegoro Regency.

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CONFLICT OF INTEREST

There is **no conflict of interest**.

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