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Factors that Influence Pregnant Women's Acceptance of ANC Visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

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Abstract

The aim of this research is to determine the factors that influence mothers in making ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang. The type of research used was an analytical survey research method with a cross sectional design which began in July – August and was carried out on 50 pregnant women respondents, the variable used was a single one, data was collected using a questionnaire and analyzed using the chi square / Chi Square test. The research results showed that ANC visits based on the age of the majority of mothers who were not at risk amounted to 40 mothers, ANC visits based on the parity of the majority of mothers who did not have children and already had one child amounted to 35 mothers, ANC visits based on the education of the majority of mothers who had higher education amounted to 35 mothers, based on occupation, the majority of mothers who work are 35 mothers, based on knowledge, the majority are mothers who have good knowledge, numbering 26 mothers, and based on attitudes, the majority of mothers who have negative attitudes are 28 mothers. From the research results, it can be seen that there are 4 factors that have a relationship with ANC visits, namely Age, Education, Occupation and Attitude, while there are 2 factors that have no relationship with ANC visits, namely Parity and Knowledge.

Keywords: Pregnant Women, Antenatal Care (ANC) Visits, Age, Parity, Education

Introduction

According to WHO, every day around 800 women in the world die due to complications during pregnancy and childbirth. According to WHO, 99% of all maternal deaths occur in developing countries. The prevalence rate of maternal mortality tends to be higher for women who live in rural areas. The high maternal mortality rate can basically be reduced by good maternal management during pregnancy and childbirth.

Maternal Mortality Rate (MMR) is one of the impacts of low coverage of antenatal care. AKI describes the number of women who die from a cause of death related to pregnancy disorders or their treatment (excluding accidents or incidental cases) during pregnancy, childbirth and in the postpartum period (42 days after giving birth) per 100,000 live births. According to IDHS data in 2012, the maternal mortality rate has decreased in the 1994-2012 period, namely in 1994 it was 390 per 100,000 live births and in 2012, the maternal mortality rate decreased to 359 per 100,000 live births. Then according to SUPAS data in 2015, MMR decreased again to 305 per 100,000 live births.

Maternal mortality rate (MMR), Neonatal Mortality Rate (AKN), Infant Mortality Rate (IMR), and Under-five Mortality Rate (AKABA) are several indicators of public health status. Currently, MMR and IMR in Indonesia are still high compared to other ASEAN countries. According to the 2007 SDKI, MMR 228 per 100,000 live births, IMR 34 per 100 live births, AKN 19 per 1,000 live births, AKABA 44 per 1,000 live births. Based on the global agreement (Sustainable Development Goals/ SDGs) by 2030, namely reducing 70 per 100,000 KH, ending preventable infant deaths, by reducing AKN to 12 per 1,000 KH and AKABA 25 per 1,000 KH.

The death rate for pregnant women and babies in the city of Tangerang continues to decline. From 2016 to 2017, the death rate for mothers giving birth and their babies decreased by more than 50%. In 2016, 83 babies died after birth, then in 2017 the number decreased to 42 babies who died. Meanwhile, 19 mothers died in 2016, and in 2017 it was much less, namely 8 mothers died.

The main aim of Antenatal Care is to ensure that every pregnant mother will receive quality antenatal care, so that she is able to carry out a healthy pregnancy, give birth safely and give birth to a healthy baby, in other words the aim of Antenatal Care is to reduce maternal and fetal morbidity and mortality. Based on a preliminary survey, the author conducted interviews with pregnant women who visited BPM Hj. Kokom Komariah, Cipondoh Tangerang, it turns out that 6 out of 10 pregnant women do not make ANC visits at least 4 times. For this reason, the author intends to conduct research on the factors that influence mothers in making ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang.

The aim of this research is to determine the factors that influence mothers in making ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

Method

This research design is analytical with a cross sectional approach, namely a type of research with quantitative methods that studies the dynamics of the correlation between risk factors and effects, using an approach, a questionnaire in the form of a checklist or data collection at the same time (point time approach). In this study the population was 100 respondents. The sampling used in this research was a simple random sampling method, the sample size to be studied was 50 people. In this study, only two variables were used, namely factors that influenced mothers in making ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang. Data collection was carried out by providing consent question sheets and distributing questionnaires to mothers who checked their pregnancy at BPM Hj. Kokom Komariah, then explained how to fill it out. Respondents were asked to fill out the questionnaire completely and the questionnaire was taken at that time by the researcher. The instrument used in this research was a questionnaire.

Results

1. Univariate Analysis

Table 1 Frequency distribution of respondents based on age of pregnant women in BPM Hj. Kokom Komariah Cipondoh, Tangerang

No	Mother's Age	Frequency	Percentage
1	At risk (<20 years/>35 years)	10	20%
2	No Risk 20-35 Years	40	80%
Total		50	100%

The research results showed that of the 50 respondents, 10 pregnant women were at risk (20%) and 40 people were not at risk (80%).

Table 2 Frequency distribution of respondents based on parity of pregnant women in BPM Hj. Kokom Komariah Cipondoh, Tangerang

No	Parity	Frequency	Percentage
1	Nullipara (0 children) & Primipara (1 child)	35	70%
2	Multipara (2-4 children) & Grande Multipara (≥5 children)	15	30%
Total		50	50

The research results showed that of the 50 pregnant women respondents based on parity, namely Nullipara & Primipara as many as 35 people (70%) and Multipara & Grande Multipara as many as 15 people (30%).

Table 3 Frequency distribution of respondents based on education of pregnant women at BPM Hj. Kokom Komariah Cipondoh, Tangerang

No	Education	Frequency	Percentage
1	Elementary, middle school and equivalent	15	30%
2	Senior High School, equivalent vocational school, diploma and bachelor degree	35	70%
Total		50	50

The research results showed that of the 50 respondents, pregnant women based on education, namely elementary school, junior high school or equivalent, were 15 people (30%) and high school, vocational school equivalent, diploma and bachelor's degrees were 35 people (70%).

Table 4 Frequency distribution of respondents based on occupation of pregnant women at BPM Hj. Kokom Komariah Cipondoh, Tangerang

No	Work	Frequency	Percentage
1	Not Working	15	30%
2	Working	35	70%
Total		50	50

Based on table 4, it shows that of the 50 respondents, pregnant women based on occupation, namely not working, 33 people (66%) and 17 people working (34%).

Table 5 Frequency distribution of respondents based on ANC visits of pregnant women at BPM Hj. Kokom Komariah Cipondoh, Tangerang

No	ANC visits	Frequency	Percentage
1	Irregular	41	82%
2	Regular	9	18%
Total		50	50

The research results showed that of the 50 respondents, pregnant women based on ANC visits were irregular, 41 people (82%) and regular 9 people (18%).

Table 6 Frequency distribution of respondents based on knowledge of pregnant women at BPM Hj. Kokom Komariah, Cipondoh Tangerang

No	Knowledge	Frequency	Percentage
1	Irregular	24	48%
2	Regular	26	52%
Total		50	50

The research results showed that of the 50 pregnant women respondents, based on knowledge, 24 (48%) were poor and 26 (52%) were good.

Table 7 Frequency distribution of respondents based on attitudes of pregnant women at BPM Hj. Kokom Komariah Cipondoh Tangerang

No	Attitudes	Frequency	Percentage
1	Irregular	28	56%
2	Regular	22	44%
Total		50	50

The results of the research showed that of the 50 respondents, pregnant women based on attitudes were Negative, 28 people (56%) and Positive, 22 people (44%).

2. Bivariate Analysis

Relationship between Maternal Age and ANC Visits

Table 8 Relationship between maternal age and ANC visits at BPM Hj. Kokom Komariah Cipondoh Tangerang

No	Age	N	ANC Visit				Total (%)	X^2 Count	X^2 Table
			Regular		Irregular				
			n	%	n	%			
1	At risk < 20 years / > 35 years	10	6	60%	4	40%	100%	21,7	3,841
2	No Risk 20 - 35 years	40	3	8%	37	92%	100%		
Total		50	9	68%	41	132%	200%		

The results showed that of the 10 pregnant women who were in the risk category with regular ANC visits, there were 6 mothers (60%), while the irregular ones were 4 mothers (40%), and of the 40 pregnant women who were not in the risk category with irregular ANC visits. 37 mothers (92%) had regular regular visits, while 3 mothers (8%) were not at risk of pregnant women with regular ANC visits. From the results of the statistical test using chi-square, it was found that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between age and ANC visits.

Relationship between parity and ANC visits

Table 9 Relationship between parity and ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

No	Parity	N	ANC Visit				Total (%)	X^2 Count	X^2 Table
			Regular		Irregular				
			n	%	n	%			
1	Nullipara (0 children) & Primipara (1 child)	35	5	14%	30	86%	100%	1,06	3,841
2	Multipara (2 children) & Grande Multipara (≥5 children)	15	4	27%	11	73%	100%		
Total		50	9	41%	41	159%	200%		

The results showed that of the 35 pregnant women in the nullipara & primipara category, 5 mothers (14%) had regular ANC visits, while 30 mothers (86%) had irregular visits, and of the 15 pregnant women in the multipara & grande multipara category Those with regular ANC visits were 4 mothers (27%) while those with irregular visits were 11 mothers (73%). The results of statistical tests using chi-square showed that the calculated X2 was smaller than the X2 table, so Ho failed to reject, meaning there was no relationship between parity and ANC visits.

The relationship between education and ANC visits

Table 10 Relationship between education and ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

No	Education	N	ANC Visit				Total (%)	X^2 Count	X^2 Table
			Regular		Irregular				
			n	%	n	%			
1	Elementary, middle school and equivalent	15	6	40%	9	60%	100%	7	3,841
2	Senior High School, equivalent vocational school, diploma and bachelor's degree	35	3	9%	32	91%	100%		
Total		50	9	49%	41	151%	200%		

The results of the study showed that of the 15 pregnant women with elementary, middle school education levels, 6 mothers (40%) had regular ANC visits, while 9 mothers (60%) had irregular visits, and of the 35 pregnant women with high school, vocational school education levels, diplomas whose ANC visits were regular were 3 mothers (9%) while those who had regular ANC visits were 32 mothers (91%). The results of statistical tests using chi-square showed that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between education and ANC visits.

The relationship between work and ANC visits

Table 11 Relationship between work and ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

No	Work	N	ANC Visit				Total (%)	X^2 Count	X^2 Table
			Regular		Irregular				
			n	%	n	%			
1	Doesn't work	15	3	20%	12	80%	100%	29,756	3,841
2	Work	35	6	17%	29	83%	100%		
Total		50	9	37%	41	163%	200%		

The results showed that of the 15 pregnant women in the non-working category, 3 mothers had regular ANC visits (20%), while 12 mothers (80%) had irregular visits, and of the 35 pregnant women in the working category, there were ANC visits. 6 mothers (17%) were regular while 29 mothers (83%) were irregular. The results of the statistical test using chi-square showed that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between work and ANC visits.

Relationship between knowledge and ANC visits

Table 12 Relationship between knowledge and ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang

No	Knowledge	N	ANC Visit				Total (%)	X^2 Count	X^2 Table
			Regular		Irregular				
			n	%	n	%			
1	Not good	24	5	21%	19	79%	100%	2,508	3,841
2	Good	26	4	15%	22	85%	100%		
Total		50	9	36%	41	164%	200%		

The results of the study showed that of the 24 pregnant women in the poor category, 5 mothers (21%) had regular ANC visits, while 19 mothers (79%) were irregular and of the 26 pregnant women in the good category, their ANC visits 4 mothers (15%) were regular while 22 mothers (85%) were irregular. The results of statistical tests using chi-square showed that the calculated X2 was smaller than the X2 table, so Ho failed to reject, meaning there was no relationship between knowledge and ANC visits.

The relationship between attitudes and ANC visits

Table 13 Relationship between attitudes and ANC visits at BPM Hj. Kokom Komariah, Cipondoh Tangerang.

No	Attitudes	N	ANC Visit				Total (%)	X^2 Hitung	X^2 Tabel
			Regular		Irregular				
			n	%	n	%			
1	Negative	28	4	14%	24	86%	100%	5,947	3,841
2	Positive	22	5	23%	17	77%	100%		
Total		50	9	37%	41	163%	200%		

The results showed that of the 28 pregnant women in the negative category, 4 mothers (14%) had regular ANC visits, while 24 mothers (86%) were irregular and of the 22 pregnant women in the positive category, their ANC visits were regular. as many as 5 mothers (23%) while those who were irregular were 17 mothers (77%). The results of the statistical test using chi-square showed that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between attitudes and ANC visits.

Discussion

1.Relationship between Age and Antenatal Care (ANC) Visits

The results of the statistical test using chi-square, it was found that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between age and ANC visits. This is in accordance with the theory (Iis Sinsin, 2008: 61-62) which states that the causes of maternal death and reproductive factors include maternal age. In the healthy reproductive period, it is known that the safe age for pregnancy and childbirth is 20-30 years. Maternal deaths in pregnant and giving birth women under the age of 20 years are 2 to 5 times higher than maternal deaths that occur at the age of 20 to 29 years. Maternal mortality increases again after the age of 30 to 35 years. A woman's age at the time of pregnancy should not be too young and not too old. Those aged less than 20 years or more than 35 years have a high risk of giving birth. A woman's readiness to become pregnant must be physically, emotionally, psychologically, socially and economically ready.

2.The Relationship between Parity and Antenatal Care (ANC) Visits

The results of statistical tests using chi-square, it was found that the calculated X2 was smaller than the X2 table, so Ho failed to reject, meaning there was no relationship between parity and ANC visits. The results of this study are in accordance with research conducted that there is no relationship between parity and ANC visits. This is in accordance with the theory which states

that parity is a risk factor in pregnancy. Parity is the number of fetuses with a body weight of more than or equal to 500 grams that have been born, alive or dead. If body weight is unknown, gestational age is used, namely 24 weeks.

Based on research in the field, of the 100 respondents studied, there were 50 respondents. The results showed that of the 35 pregnant women in the nullipara & primipara category, 5 mothers (14%) had regular ANC visits, while 30 mothers (86%) had irregular visits, and of the 15 pregnant women in the multipara & grande multipara category Those with regular ANC visits were 4 mothers (27%) while those with irregular visits were 11 mothers (73%). In this case, the researcher assumes that the majority of respondents consider themselves to have experience in pregnancies with previous children and based on the experiences of other people who have been pregnant and given birth.

3.The Relationship between Education and Antenatal Care (ANC) Visits

The results of statistical tests using chi-square showed that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between education and ANC visits. The results of this study are in accordance with research which states that there is a relationship between education level and ANC visits. This is also in accordance with the theory which states that the mother's education level greatly influences the frequency of ANC visits. The more the mother understands the importance of ANC, the higher the mother's awareness of making ANC visits. Educational status also showed a significant relationship with respondents who had upper secondary school education and attended ANC clinics more than women who had primary and lower school education.

4.Relationship between Employment and Antenatal Care (ANC) Visits

The results of the statistical test using chi-square, it was found that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between work and ANC visits. The results of this study are in accordance with research which states that there is a relationship between education level and ANC visits. This is in accordance with the category which states that work is activities outside the home or inside the home except routine household work. Employment status will make it easier for someone to get health services. Work factors can be a factor for mothers in making ANC visits in making health use.

5.The Relationship between Attitude and Antenatal Care (ANC) Visits

The results of the statistical test using chi-square, it was found that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between attitudes and ANC visits. The results of this study are in line with research which states that there is a relationship between attitudes and ANC visits. This is in accordance with the theory which states that attitude is an assessment process carried out by a person towards an object or situation which is accompanied by certain feelings and provides a basis for the person to make a response or behave in a certain way that he chooses. From the information above, it turns out that attitudes have character, the strength and weakness of character greatly influences a person's behavior. A person's strong attitude towards checking himself (ANC) will lead to real behavior in implementing ANC.

Conclusion

1. Distribution of frequency of ANC visits based on age, the majority are mothers who are not at risk, amounting to 40 mothers (40%). From the results of the statistical test using chi-square, it was found that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between age and ANC visits.
2. Frequency distribution based on parity, the majority are mothers who do not yet have children and those who already have one child are 35 mothers (35%). From the results of the statistical test using chi-square, it was found that the calculated X2 was smaller than the X2 table, so Ho failed to be rejected, meaning there was no relationship between parity and ANC visits.
3. Distribution of frequency of ANC visits based on education, the majority are mothers who have higher education, numbering 35 mothers (35%). From the results of the statistical test using chi-square, it was found that the calculated X2 was greater than the X2 table, so Ho was rejected, meaning there was a relationship between education and ANC visits.
4. Frequency distribution of ANC visits based on work, the majority are working mothers, numbering 35 mothers (35%). From the results of the statistical test using chi-square, it was found that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between work and ANC visits.
5. Distribution of frequency of ANC visits based on knowledge, the majority are mothers who have good knowledge, numbering 26 mothers (26%). From the results of the statistical test using chi-square, it was found that the calculated X2 was smaller than the X2 table, so Ho failed to reject, meaning there was no relationship between knowledge and ANC visits.
6. Distribution of frequency of ANC visits based on attitude, the majority were mothers who had negative attitudes, totaling 28 mothers (28%). From the results of the statistical test using chi-square, it was found that the calculated X2 result was greater than the X2 table result, so Ho was rejected, meaning there was a relationship between attitude and ANC visits.
7. From the research results, there are 4 factors that have a relationship with ANC visits, namely Age, Education, Occupation and Attitude, while there are 2 factors that have no relationship with ANC visits, namely Parity and Knowledge.

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