

Original Research Article

Factors That Determined the Low Number of K4 Antenatal Care Visits on Pregnant Women at Weliman Health Care, Malaka Regency

Maria G.H. Taek^{1*}, Pius weraman², Muntasir³, Christina Olly Lada⁴, Anderias Umbu Roga⁵

¹Public Health Sciences Faculty Students, Post-Graduate Program, Universitas Nusa Cendana, Kupang-85001, East Nusa Tenggara, Indonesia

²Public Health Sciences Faculty Leturer, Post-Graduate Program, Universitas Nusa Cendana, Kupang-85001, East Nusa Tenggara, Indonesia

³Public Health Sciences Faculty Leturer, Post-Graduate Program, Universitas Nusa Cendana, Kupang-85001, East Nusa Tenggara, Indonesia

⁴Public Health Sciences Faculty Leturer, Post-Graduate Program, Universitas Nusa Cendana, Kupang-85001, East Nusa Tenggara, Indonesia

⁵Public Health Sciences Faculty Leturer, Post-Graduate Program, Universitas Nusa Cendana, Kupang-85001, East Nusa Tenggara, Indonesia

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Abstract: Pregnancy is a crucial time for both the mother's and the fetus's health, so it is essential to conduct routine and comprehensive antenatal care examinations starting from K1-K4 in order to prevent something that endangers the mother's and fetus's health. The aim of this study is to find the determinant factor of the low number of K4 Antenatal Care visits in pregnant women at the Weliman Health Center. This research is a quantitative study with a cross-sectional design. This research was conducted at the Weliman Health Center, with a total sample size of 64 respondents. The probability sampling technique was used, and the data was analyzed using the chi square test and multiple logistic regressions. The bivariate analysis test findings revealed that knowledge ($p = 0.006$), husband's support ($p = 0.008$), and age ($p = 0.377$) had a strong association with the low number of K4 Antenatal Care visits in pregnant women. The knowledge and support of the husband is a determinant factor in the low number of K4 Antenatal Care visits at the Weliman Health Center in Malaka Regency. As a result, especially midwives should increase pregnant women's awareness of antenatal care through counselling activities and the forming of classes for pregnant women, as well as family coaching with communication, information, and education.

Keywords: Determinants, K4 Antenatal Care, Pregnant Women.

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INTRODUCTION

Pregnancy is a critical period for both the mother's health and the health of the child she is carrying, so that it is important to do routine antenatal care checks during pregnancy to prevent anything that endangers the health of the mother and the fetus she is carrying. Antenatal services are physical and mental services provided to pregnant women by health professionals (obstetricians, general practitioners, and midwives) to ensure the health of mothers and babies during pregnancy, childbirth, and the postpartum period by adhering to existing antenatal care standards, especially for promotional and prevention activities (Astuti et al., 2017, Kikhau et al, 2021).

According to the Inter-Census Population Survey (SUPAS) on the High Maternal Mortality Rate (MMR) in 2015, there were 305 maternal deaths per

100,000 total populations, with 14,640 deaths caused by direct and indirect causes. This must be a top priority in providing outstanding health care in order to increase quality in the hospital, health care, and polindes / poskesdes, which function as the spearhead. This is because the high mortality of pregnant women, childbirth, and postpartum mothers is one of the welfare indicators of an area, so one of the roles and hopes for reducing maternal mortality and infant mortality rates is by strengthening the health system, specifically the availability of health services, human resources, pharmacy, and medical equipments as well as community empowerment through P4K and classes for pregnant women, as every pregnant woman is given IEC to increase knowledge about the completeness of Antenatal care visits, danger signs, and safe childbirth planning.

According to the World Health Organization (WHO), maternal deaths occur during pregnancy, childbirth, or within 42 days of delivery with causes related directly or indirectly to pregnancy or childbirth. According to the World Health Organization (WHO), antenatal care during pregnancy will minimize maternal mortality and monitor the condition of the fetus while also detecting high risk of pregnancy and childbirth early on. Through carrying out a full antenatal care examination, any pregnant woman can have her pregnancy checked in order to identify complications that could or may occur in the pregnancy, so that any issues are easily detected and can be addressed before they adversely affect the baby. Southeast Asia has a 45 percent proportion of pregnant women who visited K4 in 2014, indicating that K4 coverage has not yet met the MGD target of 90.00 percent (United Nations, 2015).

The Ministry of Health of the Republic of Indonesia announced a decrease in K4 visits in 2017, namely 86.85 percent, while the national target for K4 coverage in 2020 is 95 percent. The profile of East Nusa Tenggara Province is in accordance with the strategic plan target for K4 pregnant women visits, which is 95 percent, but the K4 coverage for East Nusa Tenggara Province for three consecutive years has been below the planned target and has been decreasing, namely 64 percent in 2017, 63.2% in 2018, and 53.3 percent in 2019. Malaka Regency has 20 Health Cares where the majority of which have low K4 Antenatal Carevisits on pregnant women, as shown by the results of K4 coverage, which are still below the target, namely in 2017 as much as 43.3 percent, in 2018 45 percent, in

2019 47.76 percent, and in June 2020 34.39 percent, which should have reached 47.5 percent by June 2020, this is due to the fact that 18 Health Cares in Malaka Regency that receive K4 Antenatal Care services are falling short of the target of 95 percent Minimum Service Standards (SPM).

Weliman Health Center is a health center with a very wide area, consisting of 14 villages in the sub-district, and one of the health care in the Malacca Regency where K4 antenatal care visits on pregnant women are very limited, as evidenced by K4 coverage, which is still below the target of 95 percent. This can be seen in the MCH- LAM data on the Weliman Health Center's K4 coverage year after year, namely in 2017 the percentage of K4 was 45.0 percent, in 2018 the coverage was 55.7 percent, and in 2019 it was 55.7 percent.

METHODOLOGY

This research is a quantitative study with a cross-sectional design. This study was conducted in September 2020 at the Weliman Health Center, with a total sample size of 64 respondents. The variables studied were knowledge, age, and husband support. The chi square test was used to analyse the partial relationship between low K4 Antenatal care visits on pregnant women at Weliman Health Center in Malaka Regency.

RESULTS

Respondent characteristics

Table-1: Characteristics of respondents

VARIABLE		FREQUENCY	PERCENTAGE
EDUCATION	ELEMENTARY	16	25
	JUNIOR HIGH	10	15,6
	HIGH SCHOOL	32	50
	DIPLOMA	1	1,6
	BACHELOR	5	7,8
GESTATIONAL AGE	14-28 WEEKS	31	48,4
	> 28 WEEKS	33	51,6
ADDRESS	LALETEN	20	31,3
	HATIMUK	26	40,6
	LAKULO	18	28,1
TOTAL		64	100

Table 1 shows that the majority of respondents (50 percent) had a high school education, with a total of 32 respondents (50 percent), and a low percentage (one respondent) had a diploma education (1.6 percent). The majority of respondents (51.6 percent) had a gestational age of more than twenty-eight weeks, while a small percentage (31%) had a gestational age ranged from fourteen to twenty-eight weeks (48.4 percent). The

majority of respondents (40.6 percent) lived in Hatimuk, with a total of 26 respondents, and a small number (18 respondents) lived in Lakulo (28.1 percent).

Table 2 shows the partial relationship between low K4 antenatal care visits in pregnant women examined in this study and knowledge, age, and husband support.

Table-2: The relationship between independent variables and the low number of visits to K4 Antenatal care in pregnant women

VARIABLE	CRITERIA	FREQUENCY	PERCENTAGE	P
AGE	AT RISK	20	31,3	0,377
	NOT AT RISK	44	68,8	
KNOWLEDGE	LOW	22	34,4	0,006
	ENOUGH	27	42,2	
	GOOD	15	23,4	
HUSBAND SUPPORT	LACK OF SUPPORT	49	76,6	0,008
	GOOD SUPPORT	15	23,4	
K4 ANTENATAL CARE VISITS	INCOMPLETE	45	70,3	
	COMPLETE	19	29,7	
TOTAL		64	100	

Table 2 shows the statistical analysis of knowledge (p = 0.006) and husband's support (p = 0.008), both of which have a significant relationship with low K4 antenatal care visits in pregnant women, while age (p = 0.377) has no significant relationship.

DISCUSSION

The relationship between pregnant women's knowledge and low visits to K4 Antenatal Care at Weliman Health Center

Knowledge is the outcome of knowing, because it happens as a result of people sensing a certain object. Knowledge-based behavior lasts longer than non-knowledge-based behavior. Before the development of attitudes toward the new objects encountered, knowledge is the first stage in the adoption of new behaviors (Notoatmodjo, 2010). Knowledge consists of beliefs about reality. One way to obtain and analyze knowledge is by observation or experimentation and derived from conventional logic, which is one of the ways to obtain and examine knowledge from tradition or through commonly accepted authority. Knowledge, or cognitive ability, is critical in influencing one's behavior (Notoatmodjo, 2010).

Antenatal care examinations are influenced by the mother's knowledge. Since the mother is unaware of the benefits and disadvantages of not getting her womb checked, she will refrain from regularly doing antenatal care checks. Mothers with more knowledge are more open to learning how to check antenatal care from others (Sinarat, 2013 in Ayu Putri, 2014, Kikhau et al, 2021).

The analysis yielded a significant value of 0.006, indicating a significant relationship between knowledge and low K4 Antenatal Care visits on pregnant women at Weliman Public Health Center. This is consistent with the findings of Armaya, R. (2018), who discovered a significant relationship between pregnant women's knowledge and compliance in conducting ANC visits at the Kutacane City Health Care, Babussalam District, and Southeast Aceh Regency. According to Nurmawati, D. (2018), knowledge has a major impact on the coverage of ANC

visits on pregnant women at Klambu Health Care, Grobogan Regency. This research is also supported by studies conducted by Nur, Y. M., Septanelly, S., and Lestari, L. (2019), who found a relation between knowledge and ANC visits in the Pariaman Health Center working area.

This research contradicts the findings of Erlina, R., Larasati, T. A., and Kurniawan, B. (2013), who found no relation between knowledge and maternity check-up visits at the Panjang Inpatient Health Center in Bandar Lampung. It is supported by a study conducted by Kurniasari, D. (2016), which found no relation between knowledge and pregnancy visits at the Kesumadadi Health Center in Central Lampung Regency.

The low number of K4 Antenatal Care visits on pregnant women at Weliman Health Center was due to pregnant women's lack of knowledge about the importance of ANC visits, which resulted in most pregnant women not making regular or full visits, resulting in low K4 ANC visits at Weliman Health Centers. To increase the number of ANC visits at the Weliman Health Center, health workers, especially midwives, must provide more counseling or information about the benefits of ANC visits to pregnant women.

The relationship between maternal age and low K4 Antenatal Care visits at Weliman Health Center.

Age refers to the mother's age, which is a measure of the maturity of any decision-making process that refers to every experience. A sufficient age to begin or reach the time of marriage and pregnancy would assist a person in maturing in dealing with issues, in this case dealing with pregnancy and changes during pregnancy (Yeyeh, 2009).

In the time of healthy reproduction, the age is divided into three categories: 20 years of age, which is the process of delaying pregnancy, when the uterine organs cannot work properly and complications in pregnancy and childbirth are probable. Age 20-30 years of reproductive age, when the fetus is mature and ready to be fertilized, but problems of childbirth will also

occur. Age > 35 years, when pregnancy provides a high risk to one's health because the tissue and uterine organs are aging.

The research yielded a significant value of 0.377, indicating that there is no significant relationship between age and low K4 Antenatal Care visits on pregnant women at Weliman Health Center. This is consistent with the findings of Nur, Y. M., Septanelly, S., and Lestari, L. (2019), who found no relationship between age and ANC visits in the Pariaman Health Center working area in Pariaman City. This study is supported by Windiyati, D. P. (2017), who found no relationship between age and Antenatal Care (ANC) visits in the Pariaman City Health Center's working area. Wulandatika, D. (2017) discovered no relationship between age and ANC compliance in the working area of the Gambut Health Center in Banjar Regency in a similar study. Kurniasari, D. (2016) found no correlation between age and pregnancy visits at the Kesumadadi Health Center in Central Lampung Regency.

This research contradicts the findings of Nurmawati, D. (2018), who discovered a relation between age and ANC coverage for pregnant women at Klambu Health Center in Grobogan Regency. This is supported by research conducted by Dewie, A. (2017), which found a relation between age and K4 visits to the Baqa Health Center in Samarinda City. The low K4 Antenatal Care visits on pregnant women at the Weliman Public Health Center were not affected by the mother's age, where pregnant women who were at risk and those who were not at risk were similarly less likely to attend the health center during ANC K4 visits, which was exacerbated by other causes other than the mother's age.

The relation between husband support and the low number of K4 Antenatal Care visits on pregnant women at Weliman Health Center

Something which affects and encourages a person's acts or behaviour is referred to as support or motivation. Encouragement and effort to meet a need or achieve a goal are examples of support. Someone's need for support becomes a motive for them to act (Notoatmodjo, 2010).

In antenatal care, husbands' and families' attitudes are important. A husband who knows the importance of antenatal care would encourage his wife to check her pregnancy on a daily basis. Husbands and relatives' positive behaviors, such as accompanying pregnant women to the doctor or midwife for antenatal care, will support the wife's feelings (May, 2008).

The research yielded a significant value of 0.008, indicating that there is a significant relationship between husband support and low K4 Antenatal Care visits on pregnant women at Weliman Public Health Center. This is consistent with the findings of

Armaya, R. (2018), who discovered a link between family support and pregnant women's compliance with antenatal care visits. Syamsiah, N., and Pustikasari, A. (2014) conducted a similar study and found a relation between husband support and antenatal care visits on pregnant women at the Kembangan District Health Center in West Jakarta. Nurmawati, D. (2018) supported this study by stating that husband support influenced the coverage of ANC visits for pregnant women at the Klambu Health Center, Grobogan Regency. In addition, Nur, Y. M., Septanelly, S., and Lestari, L. (2019) discovered a relation between family support and Antenatal Care (ANC) visits in the Pariaman Health Center working area.

This research contradicts the findings of Nur Inayah and Enny Fitriahadi (2019), who found no relation between husband support and routine ANC visits for pregnant women in their third trimester at Gamping 1 Sleman Health Center.

The husband's lack of support for pregnant women contributed to the low number of K4 Antenatal Care visits on pregnant women at Weliman Health Center. Most husbands do not provide support for pregnant women to attend the health center because they believe that pregnant women understand the pregnancy process and visit the health center on their own, so they do not need to provide additional support. Another reason for the husband's lack of support for pregnant women is that he is too busy supporting the family to spend time with pregnant women.

CONCLUSION

Knowledge influences the low number of K4 Antenatal Care visits to pregnant women at Weliman Health Center. Respondents who did not get support from their spouses were more likely to reduce K4 Antenatal Care visits to pregnant women at Weliman Health Center by 8.61 times.

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