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ANALYSIS ON FACTORS ASSOCIATED TO PREGNANT WOMEN COMPLIANCE IN ANTENATAL CHECK-UP **AT DANOWUDU HEALTH CENTER** OF RANOWULU SUBDISTRICT OF BITUNG CITY Amelia Donsu<sup>1</sup>, Gusti Ayu Tirtawati<sup>2</sup>, Robin Dompas<sup>3</sup>, Frans Jily Putrinda<sup>4</sup> **ABSTRACT** Background: The indicator of success of maternal health effort can be seen from Maternal Mortality Rate (MMR). An effort to accelerate the reduction of MMR is to ensure that every mother is able to access quality maternal health services.

One of the efforts made by the government is to monitor and evaluate antenatal care programs that can be done through indicators of **coverage of antenatal care** services. Aim : To analyze factors related to maternity compliance in antenatal examination at Danowudu Health Center, Subdistrict of Ranowulu, City of Bitung. Method : This analytical survey used a cross sectional design. Total sampling was used for sample selection.

Data **collection was done by** interview using checklist, while data analysis used chi-squarh sice lev) <0. Results: There was significant relationship of age ( $p = 0.213$ ), parity ( $p = 1.000$ ), occupation ( $p = 1.000$ ), education ( $p = 1.000$ ), economy ( $p = 0.157$ ), and **distance ( $p = 0.743$ ) to the complianc**e of pregnancy examination, while the minimum service factor of 10T was significantly correlated ( $p = 0.023$ ).

Conclusion : It is suggested to health officers to be more disciplined in applying minimum service standard of 10T and more actively giving information and motivation to pregnant women to do antenatal checking regularly. Keywords: antenatal care, age, parity, occupation, education, economy, minimum service standard of 10T

INTRODUCTION To accelerate the decline in maternal mortality can be done by an

attempt ensuring that every mother is able to access quality maternal health services such as antenatal services to prevent complications of pregnancy and childbirth. Even though every pregnancy is a natural process, if not properly managed, it can perhaps complicate mothers and fetuses in a healthy and safe condition.

(Walyani., 2015 ) Antenatal care (ANC) is a health service provided by health professionals for mothers during pregnancy and carried out in accordance with the standard of service specified in the Standard of Midwifery Services.

(Badan Penelitian dan Pengembangan Kesehatan, 2013 ) The success of maternal health efforts can, among others, be seen from the indicator of Maternal Mortality Rate (MMR). In Indonesia, maternal mortality is still a major health problem. Indonesia Health Profile states that the MMR decreased from 1991 to 2007 from 390 per 100,000 live births to 228 per 100,000 live births.

However, in 2012 it showed an increase of 359 per 100,000 live births, and again dropped to 305 per 100,000 live births by 2015. The immediate cause of maternal mortality was bleeding (30.3%), hypertension (27.1%), infection (7.3%), and others (40.8%). Infant mortality rate (IMR) shows a number of 22 per 1,000 live births by 2015 (Kementerian Kesehatan RI, 2016 ) In North Sulawesi, the MMR was 132 per 100,000 live births, and IMR was 6 per 1,000 live births in 2016.

(Dinas Kesehatan Provinsi Sulawesi Utara, 2016 ) The indicators used to describe maternal access to antenatal care coverage are coverage of V1 and V4. In 2015, these reached 95.75% and 87.48%, respectively (Kementerian Kesehatan RI, 2016 ) Based on data from the Provincial Health Office of North Sulawesi that, by 2015 from the target of 46,297 pregnant women, the coverage of V1 was 96.54% (44,697 pregnant mothers) and of V4 was 86.80% (40,184 pregnant women), and then decreased by 2016 from the target of 45,942 pregnant women, the coverage of V1 and V4 was 94.03% (43,198 pregnant women) and 83.47% (38,347 pregnant women), respectively. In Bitung City, from the target of 4,501 pregnant women in 2016, the coverage of V1 and V4 was 93.76% (4,220 pregnant women) and 88,87% (4,000 pregnant women), respectively.

Based on the preliminary survey taken from the local data on the mother and child health monitoring report (PWS-KIA) at Danowudu Public Health Center in 2015, of the target of 394 pregnant women, V1 coverage was 100.8% (397 pregnant women) and V4 coverage was 93.1% (367 mothers pregnant). These figures subsequently decreased in 2016 from the target of 413 pregnant women, the V1 and V4 coverage was 88.9% (367 pregnant women) and 82.8% (342 pregnant women), respectively.

When compared with the minimum service standard in the district/municipality that the V4 coverage of pregnant women was 95% in 2015, the V4 coverage in this region had not reached the target yet. This research was therefore aimed to analyze the factors associated with maternity compliance in antenatal examination in Danowudu Health Center, Subdistrict of Ranowulu, City of Bitung. METHOD This was an analytical study with a cross sectional approach. The sample selection used total sampling.

Data collection was done by interview using checklist. Data analysis used chi-square test with significance level ( $\alpha$ )  $<0.05$ . RESULT Univariate Analysis Table 1 shows that most respondents were at the age of 20- 35 years, parity=3, unemployed, secondary education, family income  $<$  minimal wage, home distance  $>5$  KM, incomplete 10T service standards, and complied in doing a antenatal check-up. Table 1.

Characteristics of subjects Bivariate Analysis Based on bivariate analysis, this study showed that respondents aged 20-35 years had a higher percentage of 32.8% in compliance with pregnancy checks, compared to those at  $<20$  and  $=$  years (23.0%). Chi-square test showed a p- value  $0.213 > (0.05)$  OR = 0.500 (95% CI 0.167 - 1.500), meaning there was no significant relationship between age and compliance in antenatal check-up. Respondents with parity  $<3$  (49.2%) were more compliant (49.2%) than those with parity  $> 3$  (6.6%).

Chi-square test showed a p-value of  $1.000 > \alpha (0.05)$  with OR = 0.938 (95% CI 0.191 - 4.599), meaning there was no significant relationship between parity and compliance in antenatal check-up. Respondents who did not work were more compliant (50.8%) compared to those who worked (4.9%). The chi-square test showed a p- value  $1.000 > \alpha (0.05)$  with OR = 0.827 (95% CI 0.128 - 5.338), meaning there was no significant relationship between occupation and the compliance in pregnancy check-up.

Respondents with secondary education were more compliant (49.2%) compared to those with primary education (6.6%). Chi-square test showed p was  $\alpha$  with OR= 1.304 (95% CI 0.294 - 5.779) means there was no significant correlation between the education and the compliance in pregnancy checkup. Respondents with level of income  $<$  minimal wage were more compliant (47.5%) compared to those with income level = minimal wage (8.2%). Chi-square test showed a p- value  $> \alpha (0.05)$  with OR= 0.409 (95% CI 0.116 - 1.441), meaning there was no significant relationship. Characteristics Number (n=61) Percentage (%) Age  $< 20$  years 11 18.03 20 – 35 years 40 65.57  $> 35$  years 10 16.40 Parity  $> 3$  7 11.5  $= 3$  54 88.5 Work status Work 5 8.2 unemployment 56 91.8 Level of education Elementary education 8 13.1 Secondary Education 53 86.9

Income  $<$  minimal wage 48 78.7 = minimal wage 13 21.3 Home distance  $>5$  KM 42 68.9  $= <5$  KM 19 31.1 10T service standards Incomplete 33 54.1 Complete 28 45.9 Compliance for

Checking Compliance 27 44.3 Non-compliance 34 55.7 between the economic/income level and the compliance in antenatal checkup. Respondents with home distance of <5 KM were more compliant (39.3%), compared to those home ance = KM The chi-square test showed a p-value of 0.743 > a (0.05) with OR = 0.833 (95% CI 0.281-2474), meaning that there was no significant relationship between home distance and the compliance in the pregnancy checkup.

Respondents who received the complete 10T service standards were more compliant (32.8%), compared to those with incomplete 10T service standards (23.0%). Chi-square test showed a p-value of 0.023 (0.05) with OR = 3.393 (95% CI 1.162 - 9.910), meaning that there was a significant relationship between the 10T service standards and the compliance in antenatal checkup. Table 2.

Relationship between the Variables and the Compliance of Pregnancy Checkup Variable  
 Compliance for Check up Total p OR 95% CI Non-compliant Compliant n % n % n %  
 Age <20 and =r 7 11.5 14 23.0 21 34.4 0.213 0.500 0.167 - 1.500 20 – 35 years 20 32.8 20  
 32.8 40 65.6 Parity >3 3 4.9 4 6.6 7 11.5 1.000 0.938 0.191 - 4.599 24 39.3 30 49.2 54 88.5  
 Employment Status Employed 2 3.3 3 4.9 5 8.2 1.000 0.827 0.128 - 5.338 Unemployed 25  
 41.0 31 50.8 56 91.8 Education Elementary 4 6.6 4 6.6 8 13.1

1.000 1.304 0.294 5.779 Secondary 23 37.7 30 49.2 53 86.9 Income < minimal wage 19  
 31.1 29 47.5 48 78.7 0.157 0.409 0.116 1.441 8 13.1 5 8.2 13 21.3 Home distance < 5 Km  
 18 29.5 24 39.3 42 68.9 0.743 0.833 0.281 2.474 9 14.8 10 16.4 19 31.1 10T Standard  
 Incomplete 19 31.1 14 23.0 33 54.1 0.023 3.393 1.162 9.910 Complete 8 13.1 20 32.8 28  
 45.9

DISCUSSION Statistical test showed no significant correlation between the age and the compliance in pregnancy checkup (p value = 0.213). This result is consistent with Samrinah's study that there is no significant correlation between the age and the antenatal visits in pregnant women (p value = 0.33). (Sarminah, 2012 ) In this study, 21 respondents were <20 and 35 years old who included high risk age in pregnancy and 41 respondents aged 20-35 years win which they are considered in healthy reproductive age where reproductive organs are mature; it is safe for pregnancy and childbirth and a woman is ready to become a mother.

(Manuaba, 2010 ) The results of statistical tests showed no significant relationship between the parity and the compliance in pregnancy checkup (p value = 1.000). This result is in line with Sarminah's study that there is no significant distribution between the parity and ANC visits in Purwakarta. (Sarminah, 2012 ) Pant who ave dren 3 regularly visited ANC in order for their pregnancy to end well and safe childbirth and healthy

child.

However, pregnant women who are often pregnant and who are more used to giving birth feel less necessary to check her pregnancy. This is consistent with a theory that couples in primiparous families (just with a child) tend to share preparations for parenthood and the desire to be a good parent is very strong.

(Rohmah, 2010 ) The results of statistical tests showed no significant relationship between the work and the compliance in pregnancy checkup (p value = 1.000). This result is in line with a study conducted by Fariji and Pringgawati showing similar results that there is no significant relationship between the work and the antenatal visits.

(Fariji, 2008 , Pringgawati U, 2011 ) Kassyou stated that one of the factors causing pregnant women not to do a pregnancy check is too busy with her job. Pregnant women who do not have a job have more time to check their pregnancy. (Kassyou and Susuman, 2008 ) The results of statistical tests showed that there was no significant relationship between the education and the compliance for checking pregnancy (p value = 1.000).

This result is in line with a study conducted by Manuputty showing no significant distribution between the education level of pregnant women and the number of good antenatal visits.(Manuputty et al., 2016 ) The high level of education affects the knowledge level of a pregnant woman to more frequently take antenatal checkup.(Watti, 2011) The results of statistical analysis showed that there was no significant relationship between the economic level and the compliance for checking pregnancy (p value = 0.157).

This result is in line with a study conducted by Sari that there is no relationship between the economic status of pregnant women and the complete V4 coverage. (Sari, 2014) In this study, although the income of most respondents was <minimal wage in North Sulawesi, the compliance in pregnancy check-up at Danowudu Public Health Center of Ranowulu Sub-District, Bitung City, showed quite good results.

This could happen because of the policy of the government to not charge the pregnancy examination. This policy is applied to eliminate financial barriers for pregnant women to get good health insurance. The result of statistical tests showed that there was no significant correlation between home distance and the compliance in pregnancy check-up (p value = 0.743).

This result is in line with Manuputty, Sari and Sumarni's study that there is no significant

correlation between home distance to health service and the number of antenatal visits (Manuputty et al., 2016 , Sari, 2014, Sumarni, 2013 ) In this study, all area under Danowudu public health center has each one village midwife and schedule of Posyandu implementation is conducted monthly supported by cooperation with health workers to disseminate information from health center in every area so that pregnant mothers are easier to check their pregnancy especially when the home distance is near.

It is also very helpful for pregnant women who have a long distance from the Donowudu health center so that difficulty with transportation and a long travel time can be solved. The results of statistical tests showed that there was a significant correlation between the home distance and the compliance of pregnancy examination, with p value of 0.023 and OR 3.393 which increases risk 3 times for pregnant woman receiving incomplete 10T service standards to disobey antenatal check-up.

This result is also supported by Ariyanti in in-depth interviews on 8 health worker informants at Purbalingga Health Centers that there were 7 informants who had not complied with the application of antenatal care standards and only 1 informant did. (Ariyanti, 2010 ) The quality of antenatal care is closely related to the application of standards for midwifery services, in which the service standards are useful in applying the norms and performance levels required to achieve desired outcomes.

CONCLUSION Based on the result of this study, it can be concluded that: As many as 55.7% of pregnant women are compliant in carrying out a pregnancy examination, while 44.3% are not. At Danowudu Health Center, Ranowulu Sub-District, Bitung City, the results of statistical tests showed that age, parity, occupation, education, economy, and distance are not significantly related to the compliance in carrying out a pregnancy examination, but 10T service standards is.

The incomplete minimum 10T service standards accepted by pregnant women are the measurement of height (T1) of 57.4%, the measurement of upper arm circumference (T3) of 88.5% and the laboratory test (T9) of 86.9% while the other 7Ts have been completely accepted by pregnant women (100%). SUGGESTION Based on the conclusion, it can be suggested as follows: 1.

Danowudu Health Center should further develop dissemination activities 2. The community, especially pregnant women, should improve ANC visits and the health workers should be more discipline in performing their duties in accordance with standard procedures. 3.

For the respondent, it is better to take time to check the pregnancy as early as possible

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