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Submission date: 09-Nov-2024 05:04AM (UTC+0700)
Submission ID: 2513161436
File name: Dokumen Artikel Kemas.pdf (273.52K)
Word count: 5140
Character count: 27702

KEMAS 17 (3) (2022) 415-423

Jurnal Kesehatan Masyarakat

http://journal.unnes.ac.id/nju/index.php/kemas

The Initiatives to Improve Antenatal Care Visits By Third-Trimester Pregnant Women

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Article Info

Article History:
Submitted September 2020
Accepted December 2021
Published January 2022

Keywords:
Antenatal Care, Coverage of Trimester III Pregnant Women Visits, Public Empowerment

DOI
https://doi.org/10.15294/kemas.v17i3.26426

Abstract

Low rate of pregnant women's visit can inhibit the information health workers need to collect, subsequently posing problem in providing health assistance. This is extremely dangerous for the safety of mother and baby during childbirth. Jember district health center reported low rate of visit of third-trimester pregnant women as evidenced by an average visit of below 4 times. The aim of the study was to increase the coverage of third-trimester pregnant women's visit based on community involvement based on factor analysis at Jember district health center. This study aims to increase the visit of trimester 3 pregnant women to public health centres. This research is an analytic research with cross sectional approach. The study involves 100 third-trimester pregnant women, chosen through random sampling. The results of this study highlight 6 independent variables that affect pregnant women visits. The most dominant influence is pregnant women's knowledge regarding visit (p = 0.003 < 0.05 Exp (B) 7.523, equal to 75%). There is a significant difference between the southern and northern parts of the Jember health center with regard to knowledge, socio-cultural, and geographical location. The priority issues determined from the Focus Group Discussion process are 1) the level of knowledge; 2) social culture; and 3) geographical location. The study demonstrates that the right measures are to conduct routine counseling related to the importance of ANC visits, evaluate the presence of ANC visits and add ball pick-up services for pregnant women who do not visit ANC.

Introduction

Public health center is a place for basic health services for community to handle various health problems. In addition, health centers also provide decent yet affordable health services to the community in order to improve community health status. Public health center serves a basic health service institution that provides complete public and private health services that provide in-patient, out-patient and referral services. Pregnancy is a continuous process of ovulation (release of eggs), spermatozoa and ovum growth, conception and growth of the zygote, uterine nidation, placental formation and the occurrence of fetal growth and development in the uterus to delivery or term. In pregnancy there are physiological and psychological changes, so pregnant women need information or checks related to their pregnancy (Afulani et al., 2019).

ANC visit is a visit of pregnant women to health workers to check their pregnancy to optimize the physical and mental health of pregnant women. So that pregnant women are able to face childbirth, when childbirth, preparation for breastfeeding and the return of normal reproductive health (Afulani et al, 2019). Examination during childbirth, after the childbirth, preparation for breastfeeding and the return of normal reproductive health

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pISSN 1858-1196
eISSN 2355-3596

require serious attention (Afulani et al, 2019). Pregnancy examination is very important for and fetal growth and health of the mother.

According to the Indonesian Ministry of Health, the ANC examination is carried out by professional health workers such as obstetricians and general obstetricians, midwives and nurses in health services (Akowuah et al., 2018). ANC services can be obtained during Integrated Health Service Post by midwives, at the place of doctors or private practice midwives, at the maternity hospital and at the MCH clinic (Al-Shammari et al., 2018). ANC visits with a predetermined time are aimed at providing protection to pregnant women and the fetus as initial measure to diagnose risk factors, prevention and early treatment of pregnancy complications (Al-Shammari et al., 2018).

According to the Sumanti, 2015 ANC services at least four times during pregnancy. These involve at least once in the first trimester (K1), once in the second trimester (K2), and twice in the third trimester (K3 and K4) (Sumanti, 2015). According to the data from WHO, in 2016 only 64% women at world level receive four or more ANC services. To contrast, Southeast Asia is reported to mark only 57%, which is the lowest after the Eastern Mediterranean (Louis et al., 2016). National coverage for K1 and K4 according to the Ministry of Health Strategy Plan 2014 has set ANC Visit targets for K1 of 100% and K4 of 95% (Laksono et al., 2020). ANC coverage in Indonesia for K1 was 95.75% and that for K4 was 87.48% (Wulandari & Laksono, 2020). The lack of optimal ANC services results in low opportunities to capture and manage high obstetric risks (Wulandari & Laksono, 2020). According to WHO, pregnant women who do not receive ANC services are one of the causes of the high number of maternal mortality rates (MMR) and infant mortality rates (IMR) (Louis et al., 2016). WHO defines that maternal death is the death of a woman during pregnancy or 42 days after pregnancy. The death is made worse by pregnancy or health during her pregnancy (Louis et al., 2016). Around 500,000 pregnant women die each year in the world, 99% occur in developing countries (Louis et al., 2016). Maternal Mortality Rate according to the Republic of Indonesia Ministry of Health in 2015 decreased by 305 maternal deaths per 100,000, after a significant increase in MMR in 2012 which was 359 maternal deaths per 100,000 live births, but the figure was still relatively high (Wulandari & Laksono, 2020).

Factors causing high MMR according to Wulandari & Laksono (2020), include; lack of knowledge about reproductive health and inadequate distribution of good midwifery services for pregnant women. Meanwhile, according to Dansereau et al. (2018), a low level of maternal education can cause a lack of maternal knowledge about health, including the importance of antenatal care. Likewise, pregnant women who do not receive education will result in a lack of knowledge about matters related to the pregnancy. According to research conducted by Latifah one of the causes of neonatal death is ANC visit less than 4 times or incomplete K4 visit in pregnant women. ANC services are one of the interventions to reduce maternal mortality, because ANC services are able to detect and handle cases of risk to pregnancy (Wulandari & Laksono, 2020).

Several factors influence the behavior of health service utilization, according to Eluwa et al. (2018). These are pertinent to predisposing factors including individual knowledge, attitudes, beliefs, personal choices, existing skills, and beliefs about self-efficacy, age, type sex, marital status, ethnicity, education and occupation. The reinforcing factor is manifested in the attitudes and behavior of health workers, husbands, or family, social support, peer influence or other people. The last factor pertains to enabling factors which include health service facilities, affordability, and information media (Da Costa et al., 2018).

Several preliminary studies conducted by researchers in health centers of Jember district report that the low number of visits by third-trimester pregnant women was proven by Health Center in Ledokombo, Sumberjambe, Jenggawah, and Rambipuji. These data report the average visit of third-trimester pregnant women, which is less than 4 times. According to the minimum health service standard in

2012 stipulated by the Ministry of Health of Indonesia, pregnant women during pregnancy requires at least 4 visits. These visits are distributed as follow: at least 1 visit in the first trimester, at least 1 visit trimester II, and at least 2 visits trimester III. Lack of coverage of pregnant women visit can cause lack of information received by health workers causing difficulty in providing assistance during delivery. This is very dangerous for the safety of mother and baby during childbirth.

Researchers aim to increase the visit of third trimester pregnant women by conducting studies related to the behavior of pregnant women. The present study is devoted to increasing the number of visits of pregnant women. Grounded within this objective, the present study is concerned with "The Initiatives to Improve The Antenatal Care Visits by Third-Trimester Pregnant Women in Public Health Center in Jember District".

Method

This study used an analytic research design with a cross sectional approach, because this study was conducted on the independent variable and the dependent variable at the same time. The subjects of this study were all third trimester pregnant women in the Jember district health centers who met the following inclusion criteria: 1) third trimester pregnant women who reside and are registered as residents in Jember Regency; 2) being able to communicate well; 3) willing to be a respondent; 4) at the time of the research the respondents were in place. The location of this research is in public health center of Ledokombo, Sumberjambe, Jenggawah, Rambipuji in Jember Regency. The population in this study was all third trimester pregnant women who were in the Jember district health center. The average number of pregnant women from 2018 - 2019 is 2500 people. The number of samples used in this study was 100 respondents who were calculated using a formula:

$$n = \frac{N}{1 + Ne^2}$$

The sampling technique used is cluster sampling. Cluster Sampling (Area Sampling) is also cluster random sampling. This technique is used when the population does not consist of individuals, but consists of groups of individuals or clusters. Area sampling technique is used to determine the sample if the object to be studied or the data source is very broad. The number of respondents used in this study amounted to 100 people. so that later it will be divided per region or region. In northern Jember, 2 puskesmas were taken because of its large area, in the southern part of Jember, 2 Public Health center were taken because of its large area, in urban Jember, 1 Public Health center was taken because the area was not large. Each area of the Public Health center will take a sample of 20 people who meet the inclusion criteria.

Result and Discussion

This section focuses on the analysis of predisposing factors, enabling factors and reinforcing factors on the behavior of pregnant women. It begins with the identification of the dependent and dependent variables. The researchers also conducted a different test from four Public Health centers from two different regions. Focus Group Discussion (FGD) was subsequently conducted to increase the coverage of third-trimester pregnant women visits based on community involvement based on the results of a factor analysis at Jember district health center.

Table 1. Identification On Predisposing Factors, Enabling Factors And Reinforcing Factors On The Behavior Of Pregnant Women

	Pregnant Knowledge		Total
Antenatal Care Visit	0	1	
0	38	24	62
1	18	20	38
Total	56	44	100
	Pregnant Attitude		**Total**
Antenatal Care Visit	0	1	
0	42	20	62
1	14	24	38
Total	56	44	100
	Under Regional Minimum		**Total**
Antenatal Care Visit	0	1	
0	36	26	62
1	32	6	38
Total	68	32	100
	Iinfrastructures		**Total**
Antenatal Care Visit	0	1	
0	46	16	62
1	18	20	38
Total	64	36	100
	Sociocultural		**Total**
Antenatal Care Visit	0	1	
0	38	24	62
1	32	6	38
Total	70	30	100
	Geographical		**Total**
Antenatal Care Visit	0	1	
0	39	23	62
1	26	12	38
Total	65	35	100
	Attitude of health workers		**Total**
Antenatal Care Visit	0	1	
0	42	20	62
1	19	19	38
Total	61	39	100

Source: Primary data, 2020

Table captions:

0: the visit on irregular basis

1: the visit on regular basis

Based on table 1, 38 pregnant women with insufficient knowledge still make the visit on irregular basis. 24 pregnant women with good background knowledge make the visit on irregular basis. 18 pregnant women with poor background knowledge make the visit on regular basis. 20 pregnant women with good background knowledge make the visit on regular basis. Based on table 1 above, 42 pregnant women with poor attitude make the visit on irregular basis. 20 pregnant women with good attitude make the visit on irregular basis. 14 pregnant women with poor attitude make the visit on regular basis. 24 pregnant women with good attitude make the visit on regular basis.

Based on table 1 above, 36 pregnant women under regional minimum wage make the visit on irregular basis. 26 pregnant women at over minimum regional wage make the visit on irregular basis. 32 pregnant women under regional minimum wage make the visit on

regular basis. 6 pregnant women at over regional minimum wage make the visit on regular basis. Based on table 1 above, it is found 46 pregnant women do not have decent infrastructure to allow them to make the visit. 16 women with good infrastructure make the visit on regular basis. 18 pregnant women with good infrastructure make the visit on regular basis. 20 pregnant women with good infrastructure make the visit on regular basis.

Based on table 1 above, conflicting socio-cultural setting causes 38 pregnant women to conduct an irregular pregnancy examination. Suitable sociocultural setting causes 24 pregnant mothers to make an irregular visit. Conflicting sociocultural setting causes 32 pregnant women to conduct regular visit. Suitable sociocultural setting causes 6 pregnant women to conduct regular visit. Based on table 1 above, un-strategic geographical location causes 39 pregnant women to conduct irregular visit. Strategic location causes 23 pregnant women to make irregular visit. Un-strategic location causes 26 pregnant women to conduct regular visits. Strategic location causes 12 pregnant women to make regular visit. Based on table 1 above, the poor attitude of health workers causes 42 pregnant women to make irregular visits. Good attitude of health workers causes 20 pregnant women to make irregular visits. The poor attitude of health workers causes 19 pregnant women to make regular visits. The good attitude of health workers causes 19 pregnant women to make regular visits.

Table 2. The Bivariate Analysis On The Behavior Of Pregnant Women

Antenatal Care Visit	Sig.
Pregnant Knowledge	.001
Pregnant Attitude	.009
Under Regional Minimum	.011
Infrastructure	.013
Sociocultural	.001
Geographical	.780
Attitude of health workers	.015

Source: Primary data, 2020

The table above demonstrates that pregnant women's knowledge is related to their visit, as evidenced by p 0.001 < 0.05. This means that H1 is accepted. The results of this study are in line with Simbolon's research in 2020, concerning the relationship between pregnant women's knowledge and their regular antenatal care at Public Health Center of Dalu Sepuluh in 2019 (Simbolon & Wahyuni, 2020). The study corroborates the correlation between K4 Visit of pregnant women and their knowledge. Previous works and the research findings contend that their knowledge about antenatal care visits is deemed pivotal to build their understanding so that they actively carry out antenatal care visits according as scheduled by health workers.

Based on the table above, the pregnant women's attitude is related to the visit of pregnant women as evidenced by p 0.009 < 0.05, which means that H1 is accepted. The results of this study are in congruence with findings by Kabanga et al., (2019) and Patel et al. (2016), these studies point out that pregnant women's attitude is related to their level of knowledge, which serves as the driving factor to their attitude in conducting antenatal care visits. The higher knowledge level of pregnant women is, the better their attitude toward and diligence in the antenatal care visits. The table above shows that the minimum wage is related to the visit of pregnant women, as corroborated p 0.01 < 0.05 significance. This confirms that H1 is accepted. These results support the findings in Abraham's research in 2018 in that both works corroborate the correlation between family's economic level and pregnant women's knowledge. This correlation influences pregnant women's attitude in making antenatal care visits. Better economic level results in better attitude toward and diligence in the visits (Abraham et al., 2018)

The table above shows that infrastructure holds strong relation with the visit of pregnant women as evidenced p 0.013 < 0.05 significance, which confirms that H1 is accepted. The results of this study are in line with Bergen's research in 2019. His study acknowledges that antenatal care visits is strongly related to infrastructure in that public facilities support various community activities in everyday life. The better the public infrastructure is, the better the trust and motivation for the community to come to these places to obtain health services. The table above indicates that sociocultural circumstance is related to the visit of pregnant women, which is evidenced by p 0.001 < 0.05, implying that

H1 is accepted. These findings are in line with Bwalya's study (2018), which confirms that sociocultural background is related to antenatal care visits. Social motive is something mutually connecting humans (Bwalya et al., 2018; Tamaka, 2013; Ulfah et al., 2019). Culture is something related to the codes of certain groups within their habits, which include beliefs and traditions in an environment. Sociocultural background is closely related to the success rate of antenatal care visits because sociocultural property is extremely influential on pregnant women's attitudes and behavior in conducting antenatal care visits.

Based on the table above, geographical background is not related to pregnant women's visit as evidenced by p 0.780 > 0.05, which means that H1 is turned down. In congruence, the results of this study support Haruna (2018), both of which contend that geographical properties are not related to antenatal care visits. Geographical circumstance relates to the actual location of an area in relation to other places. Like Indonesia, every public health service has unique geographical properties. These days, geographical location is no longer a challenge to pregnant women for making antenatal care visit. It is fundamentally similar to the massive use of Android mobile technology. Everything you want can be found on an Android mobile phone through an online service application (shuttle service for people, goods, and food). The knowledge about the importance of making antenatal care visits can also be obtained on an android phone. This explains why the geographical variable is not related to antenatal care visits.

In this regard, our findings demonstrate that pregnant women's attitude of health workers is related to their visit. This has been evinced by p 0.0[illegible] < 0.05, which implies that H1 is accepted. The results of this study are in line with Noviana's research in 2020. Both works highlight that health workers' attitude is related to antenatal care visits (Noviana, 2020). Health workers' attitude substantially affects the satisfaction of antenatal care visits. If pregnant women feel satisfied with the antenatal care services provided by health workers, trust will develop so that they are willing to make antenatal care visits on regular basis.

Table 3. The Multivariate Analysis On The Behavior of Pregnant Women

Number of visits by pregnant women	Sig.	Exp(B)
Pregnant Knowledge	.003	7.523
Pregnant Attitude	.002	6.640
Under Regional Minimum	.001	.080
Infrastructure	.013	4.983
Sociocultural	.000	.039
Geographical	.620	.711
Attitude of health workers	.034	4.829

Source: Primary data, 2020

There are 6 independent variables which affect pregnant women. The biggest influence is knowledge of pregnant women visit (p = 0.003 <0.05 Exp (B) 7.523 equal to 75%). The results of this study are in accordance with Sumanti (2015), who contend that in Manganitu Health Center in Sangihe District there was a relationship between the knowledge of pregnant women and the frequency of visits as evidenced by the results of the Pearson product moment test obtained (p = 0.847> 0.345. According Kaswa et al (2018), knowledge of pregnant women is strongly correlated with antenatal care (ANC) visits at the supporting Community Health Center in Malalayang sub-district of Manado (p = 0.031 <0.05). The results of this study are consistent with the results of the study above, reporting that pregnant mother's knowledge influences the ANC visit. Simply put, the higher the pregnant woman's level of knowledge about ANC, the more regular ANC visit will be. Pregnant woman need to improve their knowledge of ANC visits to ensure their own and baby's health. In addition, that will reduce the rate of mother and baby's deathn (Kim et al., 2018; Mira, 2014).

Table 4. The One-Sample Test Results at Public Health Centers

	Sig. (2-tailed)	Mean Difference
Sumbersari health center (Northern)	.003	.320
Ledokombo health center (Northern)	.000	.440
Jenggawah health center (Southern)	.003	.320
Rambipuji health center (Southern)	.000	.440

Source: Primary data, 2020

Based on table 9, the test results marked a significant difference between the health centers in the northern regions of Sumber Jambe (p 0.003 < 0.05) and the health center in Ledokombo (p 0.000 < 0.05). Those in southern area, Jenggawah and Rambipuji, are also found to have the same results, (p 0.003 < 0.05) and (p 0.000 < 0.05), respectively. There are significant differences between these groups of health centers. Health centers in the southern part tend to be assocaited with higher level of knowledge, better socio-cultural background and geographical location due to better educational background and easier access to information (Laksono et al., 2020). What is more, the people are more receptive to input. In terms of, geographical location, the health services in the southern part are spread evenly and are close to one another. The transportation access road to these centers are flat and easy to pass by public, meaning more safety for pregnant conditions (Vika, 2015; Haruna-Ogun, 2018). By contrast, in the northern part of Jember, the women have lower level of knowledge due to lower educational background and difficulty to access information concerning the importance of ANC visits (Kim et al., 2018). The social culture is strongly influential in that it has sunstantially influenced the ANC visit of pregnant women. This social culture also influences the attitudes and behavior of pregnant women in conducting ANC visits. The geographical location of health services in the northern part has been evenly distributed, but the road conditions are quite varried with uphills and downhills, which is characterized by mountainous areas which. This has led to lower number of visit by pregnant women in the northern area. The attitude of health care workers in northern Jember should be further improved so that services can attract the attention of pregnant women and increase their visits for checking their pregnancy (Akouwah, 2018; Gita, 2015).

Focus Group Discussion (FGD) as Initiative to Increase The Coverage of Third-Trimester Pregnant Women Based on Public Involvement by Pondering Factors Affecting Public Health Centres in Jember. The researchers conducted Focus Group Discussion (FGD) after analyzing the research data. From the results of the study, knowledge, attitudes, economic background, infrastructure, socio-cultural setting, and behavior of pregnant women significantly influence ANC visits. The test results proved that there were differences between the public health centers in the northern part and southern part of Jember. These differences pertain to the level of knowledge, social culture and geographical location of health services.

Also, the level of knowledge, socio-cultural background, and geographical location of health services require immediate solution, particularly due to lower rate of visits in the southern part. Based on the findings, the researchers sought to increase ANC visits by conducting FGDs with the public health centers and emphasizing the three important things to be resolved. However, the FGD participants took voting, which results in the following priority 1) level of knowledge; 2) sociocultural setting; 3) geographical location. Based on the voting results, the researchers formulated a solution for low level of knowledge, which is to conduct consultation on regular basis. This is expected to help pregnant women understand the importance of examining mother and her fetus' health. For socio-cultural problems, one particular approach is to encourage pregnant women to uphold the local wisdom of each region. Some of the examples are egg arisan, providing green bean drinks and good food for pregnant women. To address issues concerning geographical location, the solution is to make roomy visits to several houses of residents living in inaccessible areas.

Conclusion

There are 6 independent variables which affect pregnant women. The biggest influence is knowledge of pregnant women visit (p = 0.003 <0.05 Exp (B) 7.523 equal to 75%. There is a significant difference between health centers in the southern part and northern part of Jember, with regard to knowledge, socio-cultural setting, and geographical location. The priority issues determined from the FGD process are 1) the level of knowledge; 2) sociocultural setting; 3) geographical location. The researcher's suggestion is to conduct regular counseling related to the importance of ANC visits for pregnant women, evaluate the presence of ANC

visits through proactive services for pregnant women who do not visit ANC.

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