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Analysis of Factors Affecting a Pregnant Mother Checking Her Pregnancy (Antenatal Care) at Melak Health Center

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Abstract
Introduction: *In general, the maternal mortality rate in Indonesia has decreased from 390 to 305 per 100,000 live births. Health services for pregnant women must meet the minimum frequency in each trimester, namely at least once in TM 1 (0-12 weeks), at least once in TM 2 (12-24 weeks), and at least twice in TM 3 (24-40 weeks).* ***Objective:*** *This study will analyze the factors that influence pregnant women to check their pregnancy (antenatal care), with the aim of analyzing what factors are related to antenatal care at the Melak Health Center.* ***Methods:*** *This study used a cross sectional design. The study population was all pregnant women who visited the Melak Health Center.* ***Result and Discussion:*** *Most respondents are Mature Pregnancy 21-35 years old (77.8%), Medium Education Level (68.5%), Primiparous Parity (38.9%), Not Working (59.3%), and Good Knowledge Level (74.1 %). And the results of the logistic regression test obtained age factor (0.758), education factor (2.270), parity factor (6.006), occupation factor (1.722), and knowledge factor (1.643).* ***Conclusion:*** *Educational factors and parity factors that influence antenatal care at the Melak Health Center. And the most dominant factor influencing antenatal care at the Melak Health Center is the parity factor.*
Keywords: Age; Education; Parity; Occupation; Knowledge;

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Introduction

Efforts to improve the degree of maternal and infant health are one form of investment in the future. The success of maternal and infant health efforts, among others, can be seen from the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) Indicators (Fasiha, Wabula, and Nendisa 2022). According to the *World Health Organization* (WHO), every day in 2017 around 810 women died, by the end of the year reaching 295,000 people of which 94% were in developing countries (Pratiwi, Hasbiah, and Africa 2022)

According to the Indonesian Ministry of Health (2020), the Maternal Mortality Rate in Indonesia has generally decreased from 390 to 305 per 100,000 live births, although it has tended to decline but has not succeeded in achieving the MDGs target that must be achieved, which is 102 per 100,000 live births in 2015 (Sriyani et al. 2022). The number of maternal deaths collected from the recording of family health programs at the Ministry of Health in 2020 showed 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths (Sari et al. 2021)

Pregnancy is a period where there are changes in women's biological conditions accompanied by changes in psychological changes and the process of adaptation to lifestyle and the process of pregnancy itself (Alwan, Ratnasari, and Suharti 2018). The process of pregnancy to childbirth is a unified link from conception, nidation, introduction of adaptation, maintenance of pregnancy, endocrine changes in preparation for the birth of the baby, and delivery with readiness for infant rearing (Nalo 2022). *Antenatal care* is a health service by professionals for pregnant women during pregnancy which is carried out in accordance with established antenatal service standards (Pattiasina, Polpoke, and de Lima 2019)

*The latest Antenatal Car*e examination is in accordance with service standards, namely at least 6 examinations during pregnancy, and at least 2 examinations by doctors in the first and third trimesters (Lestari and Winarsih 2022). 2 times in the first trimester (pregnancy up to 12 weeks), 1 time in the second trimester (pregnancy over 12 weeks to 26 weeks), 3 times in the third trimester (pregnancy over 24 weeks to 40 weeks) (Nurmalasari 2022) (Nurmalasari 2022)

Based on preliminary studies that have been carried out, there was a decrease in *Antenatal Care* visits in 2020, the number of pregnant women at the Melak Health Center was 222 people, those who made K1 visits were 236 people and those who made K4 visits were 147 people, and in 2021 the number of pregnant women was 190 people, those who made K1 visits were 190 people, and those who made K4 visits were 140 people. Therefore, this study will analyze the factors that influence pregnant women to check their pregnancy *(antenatal care),* with the aim of analyzing what factors are related to antenatal *care* at the Melak Health Center

Method

This research is a type of analytical survey research and uses *Cross Sectional* research design. In this study, the population was all pregnant women in Pusesmas Melak

who carried out pregnancy checks *(antenatal care).* The number of samples in this study was 54 people using the sampling technique '*Accidental Sampling'.* This research was conducted in June-July 2022 at the Obstetrics Polyclinic / MCH at the Melak Health Center, Melak District, West Kutai Regency.

The variables in this study are independent variables (independent variables) are factors that affect pregnant women: age factors, education factors, employment factors, parity factors and knowledge factors. While the *dependent* variable (dependent variable) is pregnancy examination *(antenatal care).* The instrument used for data collection in this study is using a questionnaire sheet, with several 10 questions made by the researcher himself and will be tested on 30 pregnant women at the Barong Tongkok Health Center and all questions are declared valid. The statistical tests used are Chi *Square* Test and *Logistic Progression Test.*

Result and Discussion

Result

The respondents in this study were mothers who carried out *antenatal care* at the Melak Health Center. The table below will outline the characteristics of 54 respondents based on age, education, parity, and maternal occupation.

Table 1

Distribution of characteristics of maternal respondents who carried out *antenatal care* at Melak Health Center

Characteristic	Number (of people)	Presented (%)
Mother's Age		
Young Pregnancy < 20 Years	9	16,7
Mature Pregnancy Age 21-35 Years	42	77,8
Old Age Pregnancy >35 Years	3	5,6
Total	**54**	**100**
Mother's Education		
Low	0	0
Keep	37	68,5
Tall	17	31,5
Total	**54**	**100**
Parity		
Nullipara	17	31,5
Primipara	21	38,9
Multipara	16	29,6
Grande multipara	0	0
Total	**54**	**100**
Work		
Not Working	32	59,3
Work	22	40,7
Total	**54**	**100**
Pregnancy Check-up		
Routine	42	77,8
Not Routine	12	22,2
Total	**54**	**100**

Table 2
Research Data Analysis of Factors That Influence Pregnant Women to Check Their Pregnancy *(Antenatal Care)* at Melak Health Center

Variable	Frequency (F)	Presented (%)
Mother's Age		
1. Pregnancy Age< 20 Years	9	16,7
2. Mature Pregnancy21-35 Years	42	77,8
3. Old Age Pregnancy>35 Years	3	5,6
Total	**54**	**100**
Pennuping		
1. Low Education Level	0	0
2. Moderate Education Level	3	68,5
3. Higher Education Level	17	31,5
Total	**54**	**100**
Parity		
1. Nullipara	17	31,5
2. Primipara	21	38,9
3. Multipara	16	29,6
4. Grande multipara	0	0
Total	**54**	**100**
Work		
1. Not Working	32	59,3
2. Work	22	40,7
Total	**54**	**100**
Knowledge Level		
1. Good	40	74,1
2. Enough	14	25,9
3. Less	0	0
Total	**54**	**100**
Pregnancy Check-up		
1. Routine	42	77,8
2. Not Routine	12	22,2
Total	**54**	**100**

Based on the table, it can be seen that of the 54 respondents who carried out *antenatal care* at the Melak Health Center, West Kutai Regency in 2022, they had to carry out routine pregnancy checks, namely 42 respondents (77.8%), aged 21-35 years as many as 42 respondents (77.8%), moderate education as many as 37 respondents (68.5%), primipara parity as many as 21 respondents (38.9%), not working as many as 32 respondents (59.3%), and have a good level of knowledge as many as 40 respondents (74.1%).

Table 3
Bivariate Test Results Data on Age, Education, Parity, Occupation and Knowledge with *Antenatal Care*

Category	*Antenatal Care*				Total	
	Routine		Not Routine		∑	%
	F	%	F	%		
Mother's Age						
1. Pregnancy Age< 20 Years	9	16,7	0	0	9	16,7
2. Mature Age Pregnancy 25-35 Years	31	57,4	11	20,4	42	77,8
3. Old Age Pregnancy >35 Years	2	3,7	1	1,9	3	5,6
Education						
1. Low Education Level	0	0	0	0	0	0
2. Moderate Education Level	32	59,3	5	9,3	37	68,5
3. Higher Education Level	10	18,5	7	13	17	31,5
Parity						
1. Nullipara	16	29,6	1	1,9	17	31,5
2. Primipara	17	31,5	4	7,4	21	38,9
3. Multipara	9	16,7	7	13	16	29,6
4. Grande multipara	0	0	0	0	0	0
Work						
1. Not Working	27	50,0	5	9,3	32	59,3
2. Work	15	27,8	7	13	22	40,7
Knowledge Level						
1. Good	32	59,3	8	14,8	40	74,1
2. Enough	10	18,5	4	7,4	14	25,9
3. Less	0	0	0	0	0	0

Based on the table above, it can be seen that out of 54 mothers aged 21-35 years there were 31 mothers (57.4%) who carried out *routine antenatal care* from as many as 42 mothers aged 21-35 years, there were 11 mothers (20.4%) who did pregnancy checks irregularly. Of the 54 mothers who had a moderate level of education, there were 32 mothers (59.3%) who had *regular antenatal care*, out of 37 mothers who had a moderate level of education, there were 5 mothers (9.3%) who had irregular prenatal check-ups. Of the 54 mothers who had primiparous parity, there were 17 mothers (59.3%) who did *routine antenatal care*, out of 21 mothers who had primiparous parity, there were 4 mothers (7.4%) who did pregnancy checks irregularly.

Of the 54 non-working mothers, there were 32 mothers (59.3%) who had *routine antenatal care*, out of 32 non-working mothers, there were 5 mothers (9.5%) who had irregular prenatal check-ups. Of the 54 mothers who had a good level of knowledge, there were 32 mothers (59.3%) who carried out *routine antenatal care* from as many as 40 mothers who were highly knowledgeable, there were 8 mothers (14.8%) who did pregnancy checks irregularly.

1. Effect of Age with *antenatal care*

Table 4

Effect of Age with *antenatal care*

Category	*Antenatal Care*				Total		*P-Value*
	Routine		Not Routine		∑	%	
	F	%	F	%			
Mother's Age							
1. Young Pregnancy < 20 Years	9	16,7	0	0	9	16,7	
2. Mature Age Pregnancy 21-34 Years	31	57,4	11	20,4	42	77,8	0,205
3. Old Age Pregnancy >35 Years	2	3,7	1	1,9	3	5,6	
Total	**42**	**77,8**	**12**	**22,2**	**54**	**100**	

Based on the results of the *Chi-square* statistical analysis test, the value ρ-value = 0.205 This means that the value of ρ *Value* is greater than the value of α (0.05) and thus it can be said that there is no significant influence of age with antenatal *care* at the Melak Health Center, in other words the hypothesis (Ha_1) rejected and (Ho_1) accepted.

2. Effect of Education with *antenatal care*

Table 5

Effect of Education with *antenatal care*

Category	*Antenatal Care*				Total		*P-Value*
	Routine		Not Routine		∑	%	
	F	%	F	%			
Parity							
1. Nullipara	16	29,6	1	1,9	17	31,5	
2. Primipara	17	31,5	4	7,4	21	38,9	0,030
3. Multipara	9	16,7	7	13	16	29,6	
4. Grande multipara	0	0	0	0	0	0	
Total	**42**	**77,8**	**12**	**22,2**	**54**	**100**	

Based on the results of the *Chi-square* statistical analysis test, the value *ρ-value* = 0.0 23 This means that the value of ρ *Value* is smaller than the value of α (0.05) and thus it can be said that there is a significant influence of education with *antenatal care* at the Melak Health Center, in other words the hypothesis (Ha_2) accepted and (Ho_2) rejected.

3. Effect of Parity with *antenatal care*

Table 6

Effect of Parity with *antenatal care*

Category	*Antenatal Care*				Total		*P-Value*
	Routine		Not Routine		∑	%	
	F	%	F	%			
Education							
1. Low	0	0	0	0	0	0	
2. Keep	32	59,3	5	9,3	37	68,5	0,023
3. Tall	10	18,5	7	13	17	31,5	
Total	**42**	**77,8**	**12**	**22,2**	**54**	**100**	

Based on the results of the *Chi-square* statistical analysis test, the value ρ-value = 0.030 This means that the value of ρ *Value* is smaller than the value of α (0.05) and thus it can be said that there is a significant effect of parity with antenatal *care* at Melak Health Center, in other words the hypothesis (Ha_3) accepted and (Ho_3) rejected.

4. Effect of Work with *antenatal care*

Table 7

Effect of Work with *antenatal care*

Category	*Antenatal Care*				Total		*P-Value*
	Routine		Not Routine		∑	%	
	F	%	F	%			
Work							
1. Not Working	27	50,0	5	9,3	32	59,3	0,160
2. Work	15	27,8	7	13	22	40,7	
Total	**42**	**77,8**	**12**	**22,2**	**54**	**100**	

Based on the results of *the Chi-square* statistical analysis test, the value ρ-value = 0.160 This means that the value of *value* is greater than the value of α (0.05) and thus it can be said that there is no significant effect of work with antenatal *care* at the Melak Health Center, in other words the hypothesis (Ha_4) rejected and (Ho_4) accepted.

5. Influence of Knowledge with *antenatal care*

Table 8

Influence of Knowledge with *antenatal care*

Category	*Antenatal Care*				Total		*P-Value*
	Routine		Not Routine		∑	%	
	F	%	F	%			
Knowledge Level							
1. Good	32	59,3	8	14,8	40	74,1	
2. Enough	10	18,5	4	7,4	14	25,9	0,507
3. Less	0	0	0	0	0	0	
Total	**42**	**77,8**	**12**	**22,2**	**54**	**100**	

Based on the results of *the Chi-square* statistical analysis test, the value ρ-value = 0.507 This means that the value of *p-value* is greater than the value of α (0.05) and thus it can be said that there is no significant effect of knowledge with *antenatal care* at the Melak Health Center, in other words the hypothesis (Ha_5) is rejected and (Ho_5) is accepted.

Table 9
Logistic Regression Test Results

Variable	Coefficient	*Odd Ratio*	*R-value*
Age (X1)	-0,278	0,758	0,205
Education (X2)	0,820	2,270	0,023
Parity (X3)	1,793	6,006	0,030
Job (X4)	0,543	1,722	0,160
Knowledge (X5)	0,496	1,643	0,507

In the Logistic Regression Test that has been carried out states that the age variable with *an odd ratio* value of 0.758. It can be interpreted that every increase in age, it has a chance of 0.758 times to increase the tendency of pregnant women to carry out pregnancy checks *(antenatal care).* Education variable with an *odd ratio* value of 2,270. It can be interpreted that the higher the level of education, the return of 2,270 times will reduce the tendency of pregnant women to carry out pregnancy checks *(antenatal care).*

The variable parity odd ratio value is 6.006. It can be interpreted that the higher the number of parities of pregnant women, the 6,006-fold chance that it will reduce the tendency of pregnant women to carry out pregnancy checks *(antenatal care).* The Job variable odd *ratio* value is 1.722. It can be interpreted that every increase in work, it has a 1,722-fold chance of increasing the tendency of pregnant women to carry out pregnancy checks *(antenatal care).* The Knowledge variable odd *ratio* value is 1.643. It can be interpreted that every time there is an increase in knowledge, it has a 1,643-fold chance of increasing the tendency of pregnant women to carry out pregnancy checks *(antenatal care).*

Discussion

1. Age

In this study the influence of age with *antenatal care*, it was found that some respondents were aged 21-35 years and carried out routine pregnancy checks as many as 31 (57.4%) respondents. Based on the results of *the Chi-square* statistical analysis test, a value of *ρ-value* = 0.205 was obtained. This means that the value of ρ is greater than the value of α (0.05) and thus it can be said that there is no influence of age with *antenatal care* at Melak Health Center and most likely 0.795 (79.5%) is influenced by other factors.

This research is in line with research that has been conducted by (Sinambela and Solina 2021). that age factors influence mothers on *antenatal care* (ANC) examinations at Talun Kenas Health Center. Thus, researchers assume that more and more pregnant women understand that age affects the mother, are better prepared to accept her pregnancy and prevent the risks that occur in her pregnancy

2. Education

In this study the effect of education with *antenatal care*, it was found that some respondents had a moderate level of knowledge and carried out routine pregnancy checks as many as 32 (59.3%) respondents. Based on the results of *the Chi-square* statistical

analysis test , a value of *ρ-value* = 0.023 was obtained. This means that the value of ρ is greater than the value of α (0.05) and thus it can be said that there is an influence of education with *antenatal care* at the Melak Health Center and most likely 0.977 (97.7%) is influenced by other factors.

This research is in line with research that has been conducted by Sinambela. M, et al (2020) that educational factors influence mothers on *antenatal care* (ANC) examinations at Talun Kenas Health Center. Thus, researchers assume that the higher the education level of pregnant women, the easier it is to understand pregnancy, receive information and prevent risks that occur in pregnancy

3. Parity

In this study the effect of parity with *antenatal care*, it was found that some respondents were primiparous and carried out routine pregnancy checks as many as 17 (31.5%) respondents. Based on the results of the *Chi-square* statistical analysis test, the value *ρ-value* = 0.030 is obtained This means that the value of ρ is smaller than the value of α (0.05) and thus it can be said that there is a parity relationship with antenatal *care* at the Melak Health Center and most likely 0.97 (97%) is influenced by other factors.

This research is in line with research that has been conducted by Palupi. R, et al (2020) that the parity factor affects the low number of integrated *antenatal care* (ANC) visits for pregnant women in the Sukodono Health Center work area. Thus, researchers assume that the more parity an expectant woman has, the easier it is to understand her pregnancy, receive information and prevent risks that occur in her pregnancy

4. Work

In this study work with *antenatal care*, it was found that some respondents were not working and carried out routine pregnancy checks as many as 27 (50%) respondents. Based on the results of *the Chi-square* statistical analysis test, a value of *ρ-value* = 0.160 was obtained. This means that the value of ρ is greater than the value of α (0.05) and thus it can be said that there is no occupational relationship with *antenatal care* at Public Health Centre Melak and most likely 0.84 (84%) is affected by other factors.

This research is in line with research that has been conducted by Sinambela. M, et al (2020) that occupational factors do not affect mothers on *antenatal care* (ANC) examinations at Talun Kenas Health Center. Thus, researchers assume that if pregnant women do not work, it will be easier to arrange their pregnancy check schedules

5. Knowledge

In this study the influence of knowledge with *antenatal care*, it was found that some respondents were with a good level of knowledge and carried out routine pregnancy checks as many as 32 (59.3%) respondents. Based on the results of *the Chi-square* statistical analysis test, a value of *ρ-value* = 0.507 was obtained. This means that the value of ρ is greater than the value of α (0.05) and thus it can be said that there is no

influence of knowledge with *antenatal care* at Public Health Centre Melak and most likely 0.493 (49.3%) is influenced by other factors.

This research is not in line with the research that has been done by Sinambela. M, et al (2020) that knowledge factors influence mothers on *antenatal care* (ANC) examinations at Talun Kenas Health Center. Thus, researchers assume that if pregnant women have good knowledge, the easier it is for pregnant women to understand and receive information about their pregnancy

6. The most influential factors

In this study, the most influential variable is the Parity Variable with an *odd ratio* value of 6,006. It can be interpreted that the higher the number of parities of pregnant women, the 6,006-fold chance that it will reduce the tendency of pregnant women to carry out pregnancy checks *(antenatal care).* Education variable with an *odd ratio* value of 2,270. This can be interpreted that the higher the level of education, the 2,270-fold chance that it will reduce the tendency of pregnant women to carry out antenatal *care*. The Job variable odd *ratio* value is 1.722. It can be interpreted that every increase in work, it has a 1,722-fold chance of increasing the tendency of pregnant women to carry out antenatal *care*. Knowledge variable with an *odd ratio* of 1.643. It can be interpreted that every time there is an increase in knowledge, it has a 1,643-fold chance of increasing the tendency of pregnant women to carry out antenatal *care*. Age variable with *an odd ratio* value of 0.758. It can be interpreted that every time there is an increase in age, it has a chance of 0.758 times will increase the tendency of pregnant women in carrying out pregnancy checks *(antenatal care).*

This is in line with the research that Palupi has done. R, et al (2020) that parity is the most dominant factor/variable affecting the low number of integrated *antenatal care* (ANC) visits for pregnant women in the Sukodono Health Center work area. Thus, researchers assume that the more parity an expectant woman has, the easier it is to understand her pregnancy, receive information and prevent risks that occur in her pregnancy

Conclusion

The characteristics of respondents at the Melak Health Center are aged 21-35 years (77.8%), medium education level (68.5%), primipara parity (38.9%), not working (59.3%), and good knowledge level (74.1%), there is no *significant* influence between age and *antenatal care* at Melak Health Center (*ρ-Value* = 0.205). There is a *significant* influence between education and *antenatal care* at Melak Health Center (*ρ-Value*= 0.035).

There is a *significant* influence between parity and antenatal *care* at Melak Health Center (*ρ-Value*=0.030). There was no *significant* effect between work and *antenatal care* at Melak Health Center (*ρ-Value*=0.194). There was no *significant* influence between knowledge and *antenatal care* at Melak Health Center (*ρ-Value*=0.485). The most influential factor is the parity factor with *an odd ratio value of 6.006.*

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