Analysis of Antenatal Care Compliance in the Event of Pregnancy Complications

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Abstract

*Introduction: The high prevalence of maternal and infant mortality is still a problem that cannot be overcome. One effort to reduce maternal mortality and infant mortality is to carry out regular antenatal checks. **Objective:** This study aims to determine what perception factors influence compliance with Antenatal Care. **Method:** This type of research is quantitative correlative with a cross-sectional approach. **Results and Discussion:** The results of this study were that most respondents were in the non-compliant category in antenatal check-ups, 52.7%. The results of the correlation test show the P Value of perceived benefits with 0.001, perceived barriers 0.022, perceived susceptibility 0.016 and Cues to Action action cues 0.007. results of logistic regression analysis, the most dominant variable is perceived benefits with an odds ratio of 8.272. This non-compliance is caused by several factors that cause pregnant women not to receive antenatal care. **Conclusion:** In this study, the obstacles experienced by pregnant women include lack of knowledge about complications, access to transportation and economics as the main factors causing noncompliance with antenatal care. There is a significant relationship between the variables of perceived benefits, perceived barriers, perceived vulnerabilities, and action cues*

Keywords: Antenatal Care; Health Belief Model; Pregnant Women;

Introduction

Antenatal Care is a preventive effort by an obstetric health service program to optimize maternal and neonatal deaths through a series of routine monitoring activities during pregnancy to prevent pregnancy complications (Wahyuni, 2019), (Siahaan, 2023). Antenatal care aims to detect early pregnancy complications that often occur, including bleeding, sepsis infection, hypertension and obstructed labor (Lumempouw, Kundre, & Bataha, 2016).

In general, the death of pregnant women can also be caused by the low number of maternal visits during Antenatal Care due to delays in early detection of problematic pregnancies. The frequency of Antenatal Care services is a minimum of 6 visits during pregnancy, namely, 1 time in the first trimester, 2 times in the second trimester, and 3 times in the third trimester (Luciana, Zaman, & Wahyudi, 2022).

The micro impact arising from the low compliance rate of pregnant women with Antenatal Care is a delay in early detection of problematic pregnancies. In general, pregnancy develops normally, but sometimes it does not go as expected and pregnancy problems/complications occur (Widyasih, Hernayanti, & Purnamaningrum, 2018). Meanwhile, the macro impact that arises is the complication of disturbances in fetal growth and also the health of pregnant women which can threaten the safety of the lives of the mother and baby (Mahendra, Hidajaturrokhmah, & Anggraeni, 2019)

According to data from the World Health Organization (WHO), the maternal mortality rate (MMR) in the world in 2015 was 216 per 100,000 live births. In Indonesia, based on the SDKI in 2012, MMR was 359,000 per 100,000 live births and the infant mortality rate (IMR) reached 32 per 1000 live births (Depkes, 2014).

The infant mortality rate in Aceh Province in the last 7 years has fluctuated, from data sourced from the District/City health service it is known that the number of infant deaths in Aceh in 2016 was 1,108 with the number of female baby deaths being 474 and the number of male baby deaths being 634. with a total of 100,287 live births (Nurhafni, Yarmaliza, & Zakiyuddin, 2021)

The work area of the Delima Health Center consists of 23 villages, based on data from the Health Service in 2021, the maternal and infant mortality rate was 10 cases, this is a large number for maternal mortality cases, among the policies emphasized by the Ministry of Health to reduce maternal and infant mortality rates are monitoring program during pregnancy, namely Antenatal Care.

Based on these data; to reduce the number of maternal and infant deaths and pregnancy complications, it is necessary to examine the behavior of pregnant women's compliance with Antenatal Care. In this study, to look at Antenatal Care compliance behavior in pregnant women using the Health Billief Model (HBM) theoretical approach. The components of the HBM theory studied are perceived benefits, perceived barriers, perceived Susceptibility and Cuest to Action (Wulandari, Suryani, & Poncorini, 2016)

Method

This study aims to determine what perception factors influence compliance with Antenatal Care in pregnant women. This type of research is quantitative correlative with a cross-sectional approach. The population in this study was all pregnant women in the Delima health center working area totaling 88 people. Sampling in this research used the Cluster Sampling technique, data collection used a questionnaire, the results of this research were analyzed univariately, namely the dependent variable and the independent variables were analyzed bivariately and multivariately.

Research and Discussions
Result

Table 1

Frequency of Antenatal Services on Events Pregnancy Complications

Variables	Categorical	f	%
Antenatal Care Compliance	Compliant	42	47,3
	Non-compliant	46	52,7

Table 2

Analysis of the Relationship between Perceived Benefits, Perceived Barriers, Perceived Susceptibility, Cues to Action Antenatal Care

Dependent Variable	Independent Variable	p	r
Perceived Benefits	Antenatal Care Compliance	0,001	0,391**
Perceived Barriers		0,022	0,244*
Perceived Susceptibility		0,016	0,257*
Cues to Action		0,007	0,286**

Table 3

Logistic Regression Analysis of Perceived Benefits, Perceived Barriers, Perceived Susceptibility, Cues for Action with Antenatal Care Compliance

Variables	B	Wald	Exp(B)
Perceived Benefits	2,113	4,478	8,272
Perceived Barriers	.816	.862	.442
Perceived Susceptibility	.457	.544	1.580
Cues to Action	.131	.680	1.144

Source: Primary Data 2024

Table 1 above shows that most respondents were in the non-compliant category in antenatal check-ups, 52,7%. Based on table 2, it is known that the results of the correlation test analysis of the relationship between perceived benefits, perceived barriers, perceived vulnerabilities, and action cues have a significant relationship to compliance with antenatal care. All variables are in the correlation range of 0.200 – 0.399, which means they have low correlation, and all variables have a positive pattern.

This shows that the higher the perception of benefits, perception of vulnerability and action signals, the more adherent the respondent is to antenatal care, and the higher the perception of the respondent's barriers. increasingly non-compliant with antenatal care. Based on the table above from the results of the logistic regression test, the results show that the independent variable that has the most dominant relationship with the dependent variable is the perceived benefit variable with an oods ratio or Exp(B) of 8.272, this shows that respondents who have a high perception of benefit can be more compliant. towards antenatal care amounted to 8,272 times

Discussion

In general, pregnant women's compliance with ANC is in the non-compliant category at 52.7%, although perceived benefits, perceived vulnerability and action signals are in the high category, this could be caused by several factors that cause pregnant women not to receive antenatal care. In this study, the obstacles experienced by pregnant women, including lack of knowledge about complications, access to transportation and economics, were the main factors causing non-compliance with antenatal care up to the fourth visit.

The results of this study are in accordance with previous research conducted by Anatolia, there is a relationship between knowledge in carrying out antenatal care visits (Doondori & Sekunda, 2022). The results of research conducted by Venny stated that there is a relationship between income and the regularity of antenatal care checks (Lumempouw et al., 2016). In this study, 52.7% of respondents only performed ANC in the K2 and K3 range. Meanwhile, the Ministry of Health's recommendation is that the recommended number of Antenatal Care (ANC) visits is a minimum of 6 times during pregnancy. 2 examinations in the 1st trimester, 1 examination in the 2nd trimester, 3 examinations in the 3 trimester (Trisnawati, 2020)

The results of this study also show that there is a significant relationship between perceived benefits, perceived vulnerability, and action cues on compliance with antenatal care, meaning that pregnant women who believe there is a beneficial impact, and are very vulnerable and have a high risk of their pregnancy will comply with antenatal care. Other factors that also influence are signals to act, such as family motivation, and the presence of information about the dangers of pregnancy complications.

The results of this study are in line with research conducted by Trisnawati4 which stated that there was a significant influence between family support and antenatal visits. From the results of the multivariate analysis, it was found that the most dominant factor influencing antenatal visits was the variable perception of benefits with an oods ratio or Exp (B) of 8.272, this shows that pregnant women who have a high perception of benefits are more likely to be compliant with antenatal care by 8.272 times.

Conclusion

There is a correlation test of the relationship between perceived benefits, perceived barriers, perceived vulnerability and action cues, there is a significant relationship to compliance with antenatal care. All variables are in the correlation range of $0.200 - 0.399$, the most dominant variable is perceived benefits

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