Original Research Article

Factors Associated with First Antenatal Care Visit (K1) in Pregnant Women at The Mungka Health Center, Lima Puluh Kota

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ABSTRACT

Pregnancy is a natural process that occurs to maintain the continuity of human civilization. Pregnant women are included in a vulnerable group so many health problems arise in pregnant women and even cause death. This can be proven by the high maternal mortality rate (MMR) in Indonesia. Indonesia is a developing country where maternal mortality is still a major problem, namely 126 per 100,000 live births. One effort to reduce maternal mortality is to carry out health checks through antenatal services that comply with standards set by the government. The aim of ANC is to prepare the best physically and mentally and save the mother and child during pregnancy, childbirth and the postpartum period, so that during postpartum the mother and child are healthy and normal physically and mentally. This type of research is an analytical survey with a cross-sectional approach. The population in this study was 562 pregnant women in the working area of the Mungka Community Health Center, Limapuluh Kota Regency. The sampling technique is using a proportional stratified random sampling technique. The number of samples in this study was 75 people with a reserve of 10% of the minimum sample, namely 8 people, so the sample in this study was 83 people. The variables used in this study were mother's knowledge of ANC, mother's attitude towards ANC, mother's confidence in ANC, distance between mother's residence and ANC, mother's socio-economic status with ANC, mother's occupation with ANC, support from health workers with ANC, and family support with ANC. ANC. The data that has been obtained will be carried out using Univariate analysis, Bivariate analysis and Multivariate analysis. The results of this research explain that all variables are interrelated and have the same opportunities. The mother's lack of knowledge about ANC influences ANC attitudes and beliefs. Insufficient ANC visits are also associated with the distance to health facilities which is quite far. The socio-economic and employment conditions of pregnant women can support ANC visits but do not strengthen the relationship in carrying out ANC. The competition between health workers means that support from health workers is lacking and good family support is not yet a strong factor in carrying out ANC.

Keywords: Pregnancy, ANC, knowledge, family support, cross-sectional approach

INTRODUCTION

Pregnancy is a natural process that occurs to maintain the continuity of human civilization. Pregnancy involves a series of processes that start from the meeting between a healthy egg and sperm (usually called conception) which then continues with fertilization, implantation and nidation. A woman can only experience pregnancy after entering puberty marked by the start of menstruation. Pregnancy includes the growth and development of the fetus in the womb from conception to the beginning of

labor. The normal duration of pregnancy is 280 days or the equivalent of 40 weeks or 10 lunar months. Pregnancy can be divided into three trimesters, namely the first trimester (0-12 weeks), the second trimester (12-28 weeks), and the third trimester (28-40 weeks) (Mardiana, 2022).

Pregnant women are included in a vulnerable group so many health problems arise in pregnant women and even cause death. This can be proven by the high maternal mortality rate (MMR) in Indonesia. According to the World Health Organization (WHO), every day 810 women die due to complications from pregnancy and childbirth. It is known that 94% of maternal deaths occur in middle- and low-income countries, especially in developing countries. In 2017, the Maternal Mortality Rate (MMR) in low-income countries reached 462 per 100,000 live births, while in high-income countries it was only 11 per 100,000 live births. The MMR problem is especially serious in middle- and low-income countries. In 2019, according to the Chair of the ICIFPRH Committee, MMR in Indonesia was still high, namely 305 per 100,000 live births. This figure is not in accordance with the target set, namely that Indonesia's MMR should reach 102 per 100,000 live births in 2015 (Natasha, 2022).

Indonesia is a developing country where maternal mortality is still a major problem, namely 126 per 100,000 live births. One effort to reduce maternal mortality is to carry out health checks through antenatal services that comply with the standards set by the government. Antenatal care is the service or attention provided to pregnant women before delivery, with the aim of achieving healthy and positive outcomes for the mother and baby. The aim of ANC is to prepare the best physically and mentally and save the mother and child during pregnancy, childbirth and the postpartum period, so that during postpartum the mother and child are healthy and normal physically and mentally. Antenatal care examinations consist of several examinations which are usually abbreviated as 14T, namely, measuring height or weight, measuring blood pressure, measuring uterine fundal height, administering TT immunization, administering iron tablets (at least 90 tablets during pregnancy), testing for infectious diseases. sexual/VDRL, interview/ counseling, Hb test/examination, protein urine test/examination, urine reduction test, breast care (breast massage press), fitness level maintenance (pregnancy exercise), capsule iodine therapy (specifically for goitre endemic areas), and malaria drug therapy. The success of the antenatal care examination can be seen from the coverage of K1 and K4. K1 coverage refers to the number of pregnant women who have received their first antenatal care from health workers, compared to the total number of pregnant women targeted in a work area during one year. This indicator provides information about the extent to which antenatal services have reached the population of pregnant women and the program's ability to mobilize the community. On the other hand, K4 coverage refers to the number of pregnant women who have received antenatal care according to recommended standards, namely at least 4 times according to a predetermined schedule. This comparison is made with the total number of pregnant women targeted in a work area for one year. This indicator provides information about the quality of antenatal care received by pregnant women. Incomplete antenatal care examinations can cause undetected complications in the mother and risk maternal death (Nurmawati, 2018).

West Sumatra is one of the provinces that has a fairly high MMR. In 2019, there were 116 maternal deaths (an increase from 2018), 547 infant deaths and 665 under-five deaths. Many interventions have been carried out, but they have not achieved the expected Minimum Service Standards (SPM) targets. Data from the West Sumatra Health Service (Dinkes) states that in 2021 as many as 193 mothers died. The high maternal mortality rate is thought to be due to a lack of health services (Ernawati,

2021). Meanwhile, the maternal mortality rate in Limapuluh Kota Regency in 2021 was 10 cases out of 5,857 live births (71.7/100,000 KH), meaning that 171-172 mothers died in 100,000 live births. The causes of maternal death in Limapuluh Kota Regency in 2021 are bleeding, hypertension in pregnancy, metabolic disorders and others. Meanwhile, maternal deaths in 2021 have increased compared to 2020 with the number of maternal deaths being 6 out of a total of 6,159 live births (97/100,000 KH). (Fifty Cities Health Office, 2022).

The high MMR is estimated because K1 and K4 coverage has not been achieved according to existing standards. Program achievement targets for K1 = 100% and K4 = 95%. In 2021, there will be 7,857 pregnant women in Limapuluh Kota Regency with 6,643 people achieving K1 (84.4%) and 5,919 K4 people (75.2%). As many as 22 Community Health Centers in Limapuluh Kota Regency, Mungka Community Health Center in 2022, K1 achievement is a problem because they have not reached the target. K1 achievement at the Mungka Community Health Center in 2022 is 78.2%. (Fifty Cities Health Office, 2022).

The low coverage of K1 and K4 in Limapuluh Kota Regency should be a concern for both the community health center as the spearhead of maternal health services, and the Health Service which is responsible for developing the health sector at the district level, this is because this antenatal service is very important for early detection of factors. risks and complications during childbirth. There are several factors that can influence a pregnant woman to make a first visit, including knowledge, attitudes, beliefs, distance, socio-economics, employment, support from health workers, and family support. Knowledge is an indicator of someone taking action. Knowledge is needed as support in building self-confidence as well as daily attitudes and behavior so that it can be said that knowledge is facts that support one's actions.

Based on the research results of Ariestanti, Widayati, and Sulistyowati (2020), it is stated that there are factors related to the behavior of pregnant women in carrying out ANC, namely age (p-value = 0.044), education (p-value = 0.013), knowledge (p-value = 0.037), attitude (p-value = 0.039), and health facilities (p-value = 0.035). Maternal employment is also related to the regularity of ANC visits among pregnant women (p-value = 0.032) (Inaya and Fitriahadi, 2019). The distance from residence to health facilities is also related to ANC visits, namely pregnant women who live closer to health facilities have a 2.66 times risk of making ANC visits compared to pregnant women who live further away (Ulfah, Listyaningsih, and Ningrum, 2019) Apart from that, the support or role of medical personnel is also related to ANC visits for pregnant women (p-value = 0.039) (Harun, 2021). Husband's support plays a very important role in the mother's willingness to make regular and regular ANC visits (Syarif and Sardiana, 2019).

Based on the background above, researchers are interested in knowing the factors related to the first Antenatal Care Visit (K1) at the Mungka Community Health Center, Mungka District, Limapuluh Kota Regency in 2023.

LITERATURE REVIEW
Based on the research results of Ariestanti, Widayati, and Sulistyowati (2020), it is stated that there are factors related to the behavior of pregnant women in carrying out ANC, namely age (p-value = 0.044), education (p-value = 0.013), knowledge (p-value = 0.037), attitude (p-value = 0.039), and health facilities (p-value = 0.035). Maternal employment is also related to the regularity of ANC visits among pregnant women (p-value = 0.032) (Inaya and Fitriahadi, 2019). The distance from residence to health facilities is also related to ANC visits, namely pregnant women who live closer to health facilities have a 2.66 times risk of making ANC visits compared to pregnant women who live further away

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MATERIALS & METHODS

This type of research is an analytical survey with a cross-sectional approach. The population in this study was 562 pregnant women in the working area of the Mungka Community Health Center, Limapuluh Kota Regency. The sampling technique is using a proportional stratified random sampling technique. The number of samples in this study was 75 people with a reserve of 10% of the minimum sample, namely 8 people, so the sample in this study was 83 people. The research was conducted in the working area of the Mungka Community Health Center, Mungka Regency from February to August 2023. This research was also carried out based on an agreed place and time by the researchers and respondents. Data sources come from primary data and secondary data with data collection techniques carried out by observation by giving questionnaires to respondents to obtain information about pregnant women's knowledge about K1 ANC. The variables used in this study were mother's knowledge of ANC, mother's attitude towards ANC, mother's confidence in ANC, distance between mother's residence and ANC, mother's socio-economic status with ANC, mother's occupation with ANC, support from health workers with ANC, and family support with ANC. ANC. The data that has been obtained will be carried out using

Univariate analysis, Bivariate analysis and Multivariate analysis.

RESULT
a. Univariate analysis

Table 1 Frequency Distribution Univariate Data

ANC Visit	F	%
Irregular	52	63,4
Regular	30	36,6
Total	82	100
ANC Knowledge		
Less Good	61	74,4
Good	21	25,6
Total	82	100
Maternal Attitude		
Negative	60	73,2
Positive	22	26,8
Total	82	100
ANC Confidence		
Low	62	75,6
HIgh	20	24,4
Total	82	100
Living Distance		
Long Range	63	76,8
Short Range	19	23,2
Total	82	100
Socio Economic		
Low	30	36,6
HIgh	52	63,4
Total	82	100
Jobs		
Not working	49	59,8
Working	33	40,2
Total	82	100
Health Worker Support		
Not Supporting	60	73,2
Supporting	22	26,8
Total	82	100
Family Support		
Not Good	37	45,1
Good	45	54,9
Total	82	100

Based on table 5.1 above, it is found that the majority of maternal respondents have irregular K1 ANC visits, poor knowledge, negative attitudes, low ANC confidence, long distances, high socioeconomic status, mothers do not work, health workers are not supportive, and good family support.

b. Bivariate analysis

Table 2 Relationship Between Variables

Knowledge	ANC Visit (K1)						p *Value*
	Irregular		Regular		Total		
	n	%	n	%	n	%	
Not Good	52	85,2	9	14,8	61	100	0,000
Good	0	0	21	100	21	100	
Total	52	63,4	30	36,6	82	100	
Attitude	ANC Visit (K1)						p *Value*
	Irregular		Regular		Total		
	n	%	n	%	n	%	

	Irregular n	Irregular %	Regular n	Regular %	Total n	Total %	p Value
Negative	52	86,7	8	13,3	60	100	0,000
Positive	0	0	22	100	22	100	
Total	52	63,4	30	36,6	82	100	

Confidence	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	n	%	n	%	n	%	
Low	52	83,9	10	16,1	62	100	0,000
High	0	0	20	100	20	100	
Total	52	63,4	30	36,6	82	100	

Living Distance	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	n	%	n	%	n	%	
Long Range	52	82,5	11	17,5	62	100	0,000
Short Range	0	0	19	100	20	100	
Total	52	63,4	30	36,6	82	100	

Socio Economic	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	n	%	n	%	n	%	
Low	30	100	0	0	30	100	0,000
High	22	42,3	30	57,7	52	100	
Total	52	63,4	30	36,6	82	100	

Jobs	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	N	%	n	%	n	%	
Not working	49	100	0	0	30	100	0,000
Working	3	9,1	30	90,9	52	100	
Total	52	63,4	30	36,6	82	100	

Health Worker Support	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	N	%	n	%	n	%	
Not supporting	52	86,7	8	13,3	60	100	0,000
Supporting	0	0	22	100	22	100	
Total	52	63,4	30	36,6	82	100	

Family Support	ANC Visit (K1)						p Value
	Irregular		Regular		Total		
	N	%	n	%	n	%	
Not Good	37	100	0	0	37	100	0,000
Good	15	33,3	30	66,7	45	100	
Total	52	63,4	30	36,6	82	100	

c. Multivariate analysis

Table 3 Bivariate Selection Results as Candidate Variables

Candidate Variables	p Value	Information
Knowledge	0,000	Candidate
Attitude	0,000	Candidate
Confidence	0,000	Candidate
Distance	0,000	Candidate
Socio Economic	0,000	Candidate
Jobs	0,000	Candidate
Health Worker Support	0,000	Candidate
Family Support	0,000	Candidate

Based on table 3, it is found that all variables are candidates for multivariate analysis, namely knowledge, attitudes, beliefs, distance, socio-economics, employment, support from health workers, and family support.

DISCUSSION

Based on table 1, the results show that 52 (63.4%) respondents did not make routine ANC (K1) visits and 30 (36.6%) respondents did routine ANC (K1) visits.

Based on the provisions of the Indonesian Ministry of Health, ANC examinations are carried out 6 times over 9 months. The results of this study are in line with research conducted by Novelia et al in 2021 where more than half (68.1%) of mothers did not make routine ANC visits. This research is in line with research conducted by Tasuib et al in 2022 where (53.1%) mothers did not make routine ANC visits. The ANC K1 visit is a visit made by pregnant women for the first time. The ideal first examination is as early as possible when a pregnant woman experiences a delay in menstruation. According to the researchers' assumptions, the low K1 ANC visits were caused by mothers' lack of knowledge about ANC, mothers' attitudes about ANC, and mothers' confidence in ANC. Apart from that, distance from residence, socio-economics, employment, support from existing health workers are also factors in the low number

of ANC visits. In line with these factors, the most important thing to have been good family support.

Based on table 1, the results showed that 61 (74.4%) respondents had poor ANC knowledge and 21 (25.6%) respondents had good ANC knowledge. These results describe the quality of pregnant women regarding ANC visits. The higher the mother's knowledge about ANC makes ANC very important and vice versa. The results of this study are in line with research conducted by Kikhau et al in 2021 where more than half (70.3%) of mothers had poor ANC knowledge. This research is also in line with research conducted by Oktasari and Sugiantini in 2022 which stated that mothers' knowledge about ANC was not good, namely 43.4%. Lack of knowledge makes mothers less interested in making ANC visits. Knowledge is the result of understanding and observing a particular object. According to researchers' assumptions, the low knowledge of mothers regarding ANC is caused by a lack of necessary information about the importance of ANC. This lack of information could be caused by the lack of education from health workers regarding ANC. Apart from that, the lack of knowledge is also caused by mothers not finding out enough about ANC.

Based on table 1, the results showed that as many as 60 (73.2%) respondents had a poor attitude towards ANC and as many as 22 (26.8%) respondents had a good attitude towards ANC. These results describe the quality of pregnant women regarding ANC visits. The higher the mother's attitude towards ANC visits makes ANC very important and vice versa. The results of this study are in line with research conducted by Aritonang et al in 2019 where more than half (56.0%) of mothers did not have a poor ANC attitude. This research is also in line with research conducted by Febrianti and Sari in 2022 which stated that mothers' attitudes regarding ANC were not good, namely 76.9%. Poor attitudes make mothers less interested in visiting ANC. Attitude is a response or response that has not been openly expressed by someone to a particular stimulus or object. According to researchers' assumptions, the low attitude of mothers regarding ANC is caused by a lack of necessary knowledge about the importance of ANC. The lack of attitude is due to the lack of knowledge that is considered important in the ANC. Apart from that, the mother's poor attitude is also caused by the mother's lack of knowledge.

Based on table 1, the results show that as many as 62 (75.6%) respondents have low confidence in ANC and as many as 20 (24.4%) respondents have high confidence in ANC. These results describe the quality of pregnant women regarding ANC visits. The higher the mother's confidence in ANC visits makes ANC very important and vice versa. The results of this research are in line with research conducted by Fatimah and Nafuri in 2019 where more than half (56.25%) of mothers believed that ANC was not good. Lack of confidence makes mothers reluctant to come and have routine ANC checks. This belief can make the mother's health less than optimal. Mothers who practice a positive culture show rational beliefs regarding pregnancy, and they tend to be more compliant in undergoing antenatal care visits. According to researchers' assumptions, mothers' low confidence in ANC is caused by their strong cultural and taboo beliefs. The lack of attitude is due to the lack of knowledge that is considered important in the ANC. Apart from that, the mother's poor attitude is also caused by the mother's lack of knowledge.

Based on table 1, the results show that 63 (76.8%) respondents live quite far from the Mungka Community Health Center and 19 (23.2%) respondents live close to each other. These results illustrate the desire of pregnant women to make ANC visits. The closer and more accessible the vehicle is to go to the Community Health Center, the more pregnant women will visit ANC and vice versa. The results of this research are in line with research conducted by Sulastri in 2020 where more than half (65.8%) of mothers have houses that are quite far from

the Mungka Community Health Center. Being at home or living far away makes the desire to do ANC less than at close range. Apart from that, living long distances makes mothers feel more tired from traveling. Distance refers to the physical or spatial distance between two objects or places, including the distance between the house and the Antenatal Care (ANC) service. This distance has an influence on the frequency of prenatal check-up visits, indicating that longer distances can reduce access to prenatal care services. According to the researchers' assumptions, living far away will make the desire to carry out ANC lower compared to living closer. Apart from that, living far away and having a vehicle is difficult, plus during the rainy season it will make it difficult for mothers to carry out ANC. Easier access is needed for pregnant women who live far from the Community Health Center.

Based on table 1, the results showed that 52 (63.4%) respondents had high socio-economic status and 30 (36.6%) respondents had low socio-economic status. These results illustrate the opportunity for pregnant women to undergo ANC examinations. On the other hand, if you are of low socioeconomic status, it will be more difficult to carry out routine ANC. The results of this research are in line with research conducted by Syafitri et al in 2020 where socio-economic conditions were sufficient (67.6%). Good social economics will make mothers feel fulfilled and easier. This is necessary to provide nutritious food, vitamins, and support the mother's other needs. Economic status refers to the position or status of a person or family in society based on the income they earn each month. According to researchers' assumptions, mothers who have adequate socio-economic conditions will make it easier for pregnant women. However, respondents did not take advantage of this in the ANC examination. Adequate socio-economic conditions make it easier for pregnant women to have ANC checks and buy what they need during pregnancy.

Based on table 1, the results showed that 49 (59.8%) respondents were not working and 33 (40.2%) respondents were working. These results illustrate the opportunity for pregnant women to undergo ANC examinations. Working mothers are busier than mothers who don't work, but on the other hand, working mothers have more knowledge and knowledge so they have the opportunity to check their pregnancy. The results of research conducted by Denny et al in 2020 stated that working women with primary education and education more often had four or more ANCs than those who had no educational background. Apart from that, the results also show that working women with higher education tend to have four or more ANCs than those who do not have higher education. A person's job is the activity and level of income earned. The research results also show that working mothers have a better level of knowledge than non-working mothers, because working mothers have more opportunities to interact with other people, so they have more opportunities to obtain a lot of information about their situation. According to researchers' assumptions, working mothers have more information to carry out ANC. Working mothers have knowledge that can support pregnancy and provide ANC services. However, working mothers have busy and little time to carry out ANC examinations, so proper timing is needed so that the examination continues.

Based on table 1, the results showed that as many as 60 (73.2%) health workers did not support it and 22 (26.8%) health workers supported it. These results illustrate the lack of support from health workers for pregnant women. The inequality of support results in a lack of motivation for pregnant women to undergo ANC examinations. The results of research conducted by Maharaj in 2021 stated that health workers must be trained in customer service so that they can treat patients optimally according to their respective targets. Apart from that, the government of each village must help pregnant women to carry out early ANC.

Mobile health centers are needed to maximize the reach of ANC visits to all locations so that there are no more difficulties in reaching health facilities. Health workers must convince pregnant women that pregnancy checks and being accompanied by experts will help smooth pregnancy and childbirth. According to researchers' assumptions, the government and health workers must work together to create new innovations to make ANC examinations easier. ANC visits that encounter difficulties such as difficult access to community health centers must be supported with innovation assistance from health workers and the government. Health workers who carry out direct examinations can detect early any difficulties and danger signs that mothers have.

Based on table 1, the results showed that as many as 45 (54.9.2%) had good family support and 37 (45.1%) had good family support. These results illustrate the picture of family support that pregnant women have during ANC examinations. The better pregnant women get good family support, the easier it will be to carry out ANC examinations and vice versa. The results of research conducted by Alburuda in 2018 stated that there was a significant positive relationship between family support and ANC examinations. The higher the family support created, the higher the coverage of ANC examinations and vice versa. Family support is needed from all family members and from all indicators such as material, spiritual and financial. Family support is a process that occurs continuously throughout a person's life. According to researchers' assumptions, family support is very necessary in every activity of pregnant women, especially in ANC examinations. Family support has 4 dimensions that must be equal, namely emotional, appreciative, instrumental and informative. Good family support will support the health of pregnant women both physically and mentally.

Based on the research results, the results show that all variables are variables that are equally dominant in the relationship between ANC visits (K1) in pregnant women in the second-third trimester with each p value of 0.000, meaning that all independent variables have the same chance of providing a relationship. The results of this research explain that all variables are interrelated and have the same opportunities. The mother's lack of knowledge about ANC influences ANC attitudes and beliefs. Insufficient ANC visits are also associated with the distance to health facilities which is quite far. The socio-economic and employment conditions of pregnant women can support ANC visits but do not strengthen the relationship in carrying out ANC. The competition between health workers means that support from health workers is lacking and good family support is not yet a strong factor in carrying out ANC. The results of research conducted by Darwis in 2017 strengthen the research currently being carried out. The ANC services that pregnant women must provide are supported by many factors and support each other so as to create the best service for pregnant women. Pregnant women need maximum family support so that knowledge, attitudes and confidence in ANC increase.

CONCLUSION

The results of this research explain that all variables are interrelated and have the same opportunities. The mother's lack of knowledge about ANC influences ANC attitudes and beliefs. Insufficient ANC visits are also associated with the distance to health facilities which is quite far. The socio-economic and employment conditions of pregnant women can support ANC visits but do not strengthen the relationship in carrying out ANC. The competition between health workers means that support from health workers is lacking and good family support is not yet a strong factor in carrying out ANC.

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