

ORIGINAL ARTICLE

Contributing Factors of Prenatal Visit K4 Donomulyo Public Health center in 2013

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Correspondent author to Yosinta Salindri : yosintasalindri@gmail.com**ABSTRACT:**

Background: In East Lampung, the rate of K4 in Several Primary Health Cares has exceeded 90% of National targets Donomulyo; while in Primary Health Care, the rate of K4 achieved only 71.2%, with an increase dropped out the rate from 18.19% in 2010 to 21.69% in 2011.

Aim: The study's objective was to determine K4 antenatal care is contributing factor in Donomulyo Primary Health Center in 2013.

Method: The study was analytical cross-sectional research. The study's population was all third-trimester pregnant women in Donomulyo Primary Health Care's working area during July 2013, 76. The sampling technique in this study was total sampling, in which there were 48 samples, including full inclusion and exclusion criteria of the study. The Data was analyzed using frequentionation distribution, chi-square, and double logistics regression.

Result: 45% mother did not fully fill K4 antenatal visit, 33.3% of respondents were in risky age, the parity risky was 45.8%, 54.2% of respondents had low social status, 43.8% of respondents could not easily access health facilities, 41.7% of the respondents had low knowledge and 45.8% of the respondents thought that health worker's attitude was negative. The research found a significant correlation among maternal age (p value = 0.010 and OR = 6,600), parity (p value = 0.047 and OR = 3.938), economic status (p value = 0.001, OR = 10.125), access to health facilities (p value = 0.024, OR = 4.750), knowledge (p value = 0.011 and OR = 5,833), and health worker's attitude (p value = 0.047 and OR 3.938).

Conclusion and Suggestion: Health providers must increase patient's knowledge by giving comprehensive counseling about the benefits of K4 antenatal visits and improving the quality of care to attract women to do antenatal visits, especially for high-risk women.

Keywords: pregnancy, antenatal visits, K4

INTRODUCTION

Maternal Mortality (MMR) in Indonesia has fallen from 307 / 100,000 live births (KH) in 2002 to 228 / 100,000 live births in 2007. The maternal mortality rate in Indonesia is varied, and AKI is a complex problem. This variation is partly due to the differences in norms, values, environment, public confidence, and the existing infrastructure. It is quite important is the difference in the quality of health services at every service level [1]. Indicators used to describe pregnant women's access to prenatal care are scope K1 - the first contact and K4 - Contact to 4 times by health workers who have competence according to the standards [2]. In Indonesia, the coverage of pregnant women's access to healthcare checkups in trimester 1 (K1-trimester 1) was 72.3%. In comparison, coverage of pregnant women's access to the 1-1-2 pattern (K4) by health workers was 61.4%, while the K1 coverage for the province of Lampung was 76%, and K4 coverage was 59.7%. Based on the data from the year 2011, PHC Donomulyo East Lampung District K-4 has the lowest coverage number 2, in which 53.88% of PHC Jabung is 51.48%. While the PHC Donomulyo dropped out, the value in 2010 amounted to 18.19%, and in 2011 amounting to 21.69% compared to the PHC. Jabung year 2010 amounted to 1.81% and in the year 2011 amounting to 2.11%. Although the health center dropout rate both rose, the increase is more significant in Puskesmas Donomulyo. Based on the above background, the formulation of the problem in this study is "what factors

are associated with low coverage visit (K4) in Puskesmas Donomulyo East Lampung district in 2013"?

METHOD

This study uses an analytic study with a cross-sectional approach. This study's subjects were all third-trimester pregnant women in the region Donomulyo health center consists of 7 villages in East Lampung regency in 2013, amounting to 76 pregnant women. The sample used in this study uses saturated samples / total sampling based on inclusion and exclusion criteria were obtained as many as 48 pregnant women. Conditions inclusion criteria, namely third-trimester pregnant women with gestational age ≥ 36 weeks, residing in the territory Donomulyo and willing to become respondents. This study was conducted from July 3 to 20, 2013.

RESULTS AND DISCUSSION

The variables with a significant K4 coverage were age, parity, and maternal knowledge based on the multivariate analysis. Based on the analysis, we found the highest OR is the parity value, which means that the variable parity has the most significant relationship with K4 coverage (Table 2). Value OR parity is 13.299 means that mothers with parity risky 13.299 times more likely not to do K4 than women with parity are not at risk after controlling for age, parity, education, economic status, access to care facilities,

knowledge, attitude, family support and the attitude of the officers.

Table 1. Univariate analysis

Variables	Category	N	%
K4	Incomplete	22	45.8
	Complete	26	54.2
Age	Risky	16	33.3
	Not at risk	32	66.7
Parity	Risky	22	45.8
	Not at risk	26	54.2
Economic status	Less	26	54.2
	Good	22	45.8
Access to health facilities	Difficult	21	43.8
	Easy	27	56.3
Knowledge	Less	20	41.7
	Good	28	58.3
The attitude of officers	Negative	22	45.8
	Positive	26	54.2

Table 1 shows that most pregnant women who do full ANC to K4 are 26 pregnant women (54.2%).

A. Relationship Between Age at Coverage K4: Table 2 shows that old pregnant women at risk tend to K4nya incomplete coverage than pregnant women of age are not at risk. Based on test results obtained, statistical p-value = 0.010 and OR = 6,600, the risk of maternal age 6,600 times more likely to not do K4 than women with age is not at risk. The results are consistent with the research conducted by Simkhada et al. [3]. Most women in their 30s do the ANC earlier and more often than women, teenagers, and older women. A qualitative study showed that women under 35 years of doing more antenatal visits regularly ensure their baby is growing well and determining their position. At the same time, older women who do not have problems do not

pay attention to their antenatal visits [4]. Research Efendi, Explained that more than 70% of women 24 years of age ANC visit them more often dam occurs in the second trimester [5].

B. Relationship between Parity With K4 Coverage: Women with a higher risk parity K4nya likely to have incomplete coverage compared with pregnant women who have no risk parity (Tale 2). The statistical p-value = 0.047 shows a significant relationship between Parity with K4 coverage based on the test results. Statistical test results obtained from the value of OR = 3.938. Parity is a significant factor that affects women who received less than four ANC during pregnancy. An increasing proportion of attending ANC in pregnancy and an increase in the number of visits are significant for women primiparas [6].

C. Relationship Between Economic Status with K4 Coverage: Pregnant women with less economic status (69.2%) did not complete K4nya coverage, and there is an excellent economic status (18.2%) of pregnant women K4nya incomplete coverage. Based on test results obtained statistical p-value = 0,001, it can be concluded that there is a significant relationship between economic status and K4 coverage. Statistical test results obtained from the value of OR = 10.125, which means that women with less economic status 10.125 times more likely to not do K4 than women with good economic status. The results are consistent with the results of the literature study conducted by Simkhada et al. (2007), he found that 21 studies found a significant correlation between economic factors (cost of care, socio-economic status or family income, employment spouses) with the frequency of the ANC [3]. Financial constraints will limit access to health facilities for transportation needs and the inability to pay for services ANC

Table 2. Results of bivariate analysis

Characteristics Individual	K4 COVERAGE				P-Value	OR (CI 95%)
	Incomplete		Complete			
	N	%	N	%		
Age						
	risky	12	75	4	25	6.6
	is not at risk	10	31.3	22	68.8	0.01 (1.700 to 25.617)
Parity						
	risky	14	63.6	8	36.4	3.938
	is not at risk	8	30.8	18	69.2	0.047 (1.182 to 13.117)
Economic Status						
	Less	18	69.2	8	30.8	10.125
	Good	4	18.2	18	81.8	0.001 (2.582 to 39.707)
Access to Health Care Facilities						
	Difficult	14	66.7	7	33.3	4.75
	Easy	8	29.6	19	70.4	0.024 (1.393 to 16.202)
Knowledge						
	Less	14	70	6	30	5.833
	Good	8	28.6	20	71.4	0.011 (1.655 to 20.559)
Attitude Officer						
	Negative	14	63.6	8	36.4	3.938
	Positive	8	30.8	18	69.2	0.047 (1.182 to 13.117)

A qualitative study also supports these findings; women with financial problems tend to not perform routine checks

for limitations to pay for services ANC. Research shows that the vehicle's ownership and a high standard of living

are positively associated with the ANC's frequency [7]. It is similar to the research studied by Abimbola et al. (2016), Explaining that barriers to the utilization of the ANC, including lack of money, distance from health facilities, long waiting times, poor attitude of health workers, and no permission from her husband [8]. In other developing countries, maternal mortality and morbidity continue to be a challenge for the health care delivery system. Various factors, including socio-demographic, socio-economic, cultural, and service availability and accessibility, affect maternal health services [9].

D. Relationship Between Access to Healthcare Facilities With Coverage of K4: Pregnant women with difficult access to health facilities (66.7%) of pregnant women who did not complete its K4 coverage, and easy access to health facilities (29.6) K4nya incomplete coverage. Based on test results obtained, statistical p-value = 0.024 and OR = 4.750, mothers with difficult access to health facilities are 10,400 times more likely not to do K4 than women with easy access to health facilities.

This research is consistent with the literature study Simkhada et al., who demonstrated that the ANC relates to healthcare facilities [7]. Women who live in villages with health facilities are more likely to get ANC adequate and did the ANC earlier than women who live in villages located far from the medical facility. The study found that ANC related to access to health services, especially concerning access to the services, the distance to the place of service, and transport availability. Most pregnant women have little or no contact with the health care system due to habit, lack of perceived need, distance, lack of transport, lack of permits, fees, and unwillingness to see male doctors [10].

E. Relationship Between Knowledge with K4 Coverage: Table 2 shows that pregnant women with less knowledge there (70%) of pregnant women who did not complete K4 coverage, and good knowledge of pregnant women (28.6%) of pregnant women K4 incomplete coverage. Based on test results obtained, statistical p-value = 0.011 so that it can be concluded that there is a significant relationship between knowledge and K4 coverage. Statistical test results obtained from the value of OR = 5,833. Research Yoshida et al. (2010) explains that other factors affecting the utilization of antenatal care among women are limited knowledge and lack of a right attitude and misconceptions about the ANC's service is the main obstacle behind this low utilization [11].

F. Relationship Between Attitude Officer With K4 Coverage: Table 2 shows that pregnant women who believe attitudes are hostile officers (63.6%) of pregnant women who did not complete K4 coverage and pregnant women who maintain a positive attitude towards ANC officials (30.8%) of pregnant women do not K4 coverage complete. Based on test results obtained statistical p-value = 0.047, it can be concluded that there is a significant relationship between officers' attitude with K4 coverage. Statistical test results obtained from the value of OR = 3.938, meaning that women who assume negative clerk attitude 3.938 times more likely not to do K4 than officers who considered positive attitude. Based on the research that has been done, Conrad et al. (2012), Found some

bottlenecks in the provision of health services, including the organization of educational sessions that are not effective; selective elimination of specific services; the lack of explanation of the clinical and laboratory procedure is essential; failure to connect the procedures performed with prevention information; and sometimes a lack of respect for the client [12].

CONCLUSIONS

Pregnant women who do not do a complete visit to K4 in Puskesmas Donomulyo of 45.8%. In this study, factors associated with K4 coverage in Puskesmas Donomulyo include age, parity, and knowledge. Parity is the most dominating factor in this study. Health providers must increase patient knowledge by giving comprehensive counseling about K4 antenatal visits' benefits and improving the quality of care so interested in attending women antenatal visits, especially for high-risk women.

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