Analysis of factors that influence pregnant women's non-compliance with ANC visits during pregnancy at Upt. Dabo Lama Health Center Lingga Regency in 2022

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Abstract.
Background: Antenatal Care (ANC) is a health service provided by health workers to mothers during pregnancy and is carried out in accordance with the service standards set out in the Midwifery Service Standards. Pregnant or antenatal health services must meet the frequency of a minimum of six prenatal checks and two examinations by a doctor. This service time standard is recommended to ensure protection for pregnant women and fetuses in the form of early detection of risk factors, prevention and early treatment of pregnancy complications. The problem that occurs is that there are still many pregnant women who do not comply with antenatal care (ANC) visits during pregnancy, causing the coverage of visits by pregnant women in the Dabo Lama Community Health Center Work Area to not reach the target of the 2022 RPJMN Strategic Plan, which is 43% of the target of 90%. Objective: To determine the factors that influence pregnant women's non-compliance with ANC visits during pregnancy at UPT. Dabo Lama Community Health Center, Lingga Regency in 2022.

Method: This type of research is quantitative research with a descriptive analytical research method with a cross sectional approach carried out on 81 mother respondents taken using a probability sampling technique (simple random sampling), data was collected using a questionnaire and analyzed using the chi square test. Results: This research shows that the factors associated with non-compliance of pregnant women in carrying out antenatal care visits at the UPT. Puskesmas Dabo Lama, Lingga Regency in 2022 include the level of education of pregnant women ($p=0.000$), the occupation of pregnant women ($p=0.000$), knowledge of pregnant women ($p=0.000$), attitudes of pregnant women ($p=0.000$), distance traveled by pregnant women ($p=0.019$), husband's support ($p=0.000$), and socio-cultural environment of pregnant women ($p=0.027$). Meanwhile, the factor that was not related was the age of the pregnant mother ($p=0.472$). Suggestion: In order for pregnant women's knowledge to increase, education is needed about the importance of antenatal care. Apart from that, health service providers and local community leaders should work together better so that antenatal care visits increase according to the expected target.

Keywords   : Pregnant Women, Antenatal care visits

I. INTRODUCTION

To assess the health status of a nation, the World Health Organization (WHO) and various other international institutions have established several measuring tools or indicators such as disease morbidity, mortality of vulnerable groups such as babies, toddlers and mothers during childbirth. The measuring instruments most widely used by countries in the world are life expectancy, Maternal Mortality Rate (MMR), and Infant Mortality Rate (IMR).

In Indonesia, the maternal mortality rate is still very high when compared with other countries in ASEAN. The number of maternal deaths in Indonesia collected from family health program records at the Ministry of Health has increased every year. In 2021 there were 7,389 deaths in Indonesia. This number shows an increase compared to 2020 of 4,627 deaths. Based on direct causal factors, the majority of maternal deaths in 2021 were related to COVID-19, 2,982 cases, bleeding, 1,320 cases, other causes, 1,309 cases, hypertension in pregnancy, 1,077 cases, heart disease 335 cases, infection 207 cases, metabolic disorders. 80 cases, circulatory system disorders in 65 cases, and abortion in 14 cases.

Based on data quoted from the 2021 Riau Islands Government Agency Performance Report, MMR in the Riau Islands Province has increased from 38 cases or 92 per 100,000 live births in 2020 to 99 cases or 241 per 100,000 live births in 2021. Based on the causes, some The number of maternal deaths in 2021 related to COVID-19 was 39 cases, bleeding was 23 cases, hypertension in pregnancy was 15 cases, other causes were 15 cases, heart disease was 3 cases, circulatory system disorders were 2 cases, infection was 1 case, and abortion in 1 case.

Meanwhile, in Lingga Regency, MMR has increased from 3 cases or 223 per 100,000 live births in 2020 to 5 cases or 419 per 100,000 live births. This is of course not in line with the 2021 Riau Islands Provincial Health Service Strategic Plan MMR target of 128 per 100,000 live births. The Maternal Mortality Rate (MMR) which is still high in the Lingga Regency area is one of the impacts of the low coverage of antenatal care in accordance with minimum service standards.

Pregnant or antenatal health services must meet the frequency of a minimum of six prenatal checks and two examinations by a doctor. Health checks for pregnant women are carried out at least once in the first trimester (0-12 weeks of gestation), twice in the second trimester (12-24 weeks of gestation), and three times in the third trimester (24 weeks of gestation until delivery), and at least twice checked by a doctor during the first visit in the first trimester and at the fifth visit in the third trimester. This service time standard is recommended to ensure protection for pregnant women and fetuses in the form of early detection of risk factors, prevention and early treatment of pregnancy complications.

II. LITERATURE REVIEW

Based on data quoted from the 2021 Riau Islands Province Health Profile, the coverage of health services for pregnant women in the Riau Islands Province in 2021 has increased slightly compared to the previous year. Coverage of services for pregnant women (K1) in 2020 and 2021 is the same, namely 94.6%. Coverage of services for pregnant women (K4) in 2021 is 90.4%, while in 2020 it is 90%. Coverage of services for pregnant women (K6) in 2021 is 62.3%. This of course shows that the K6 coverage target has not yet met the 2021 RPJMN Strategic Plan target of 85%.

For Lingga Regency, coverage of health services for pregnant women (K1) in 2021 is 100%, coverage of health services for pregnant women (K4) is 90.8%, and coverage of health services for pregnant women (K6) is 71.2%. From this data, it can be concluded that for the latest minimum service standard for antenatal care, in Lingga Regency, Riau Islands Province, it is still not possible to reach the 2021 RPJMN-RENSTRA target, namely 85%.

For the Dabo Lama Community Health Center area, Lingga Regency, the

data that is available and that researchers can take is data on coverage of visits by pregnant women in 2022. In 2022, coverage of health services for pregnant women (K1) and (K4) has reached the RPJMN-Renstra target, but not the coverage of health services for pregnant women (K6) which is only 35%. This is of course still far from the desired national target of the 2022 RPJMN Strategic Plan, namely 90%.

Visit coverage for pregnant women is influenced by many factors. Apart from the performance of health workers, in this case the service meets standards, it is also influenced by socio-cultural factors, education, employment, income, knowledge and attitudes, parity, age, family support and geography.

Results of the researcher's initial interviews with 10 pregnant women at UPT. Dabo Lama Community Health Center obtained results from 2 people who routinely checked their pregnancies every trimester 1 to trimester 3 with health services. Meanwhile, 8 other pregnant women said that they did not carry out regular pregnancy checks according to the schedule determined by health workers because they had no complaints, were busy with housework, were prohibited from leaving the house alone with their husbands, the distance between their residence was far from the health center, they felt they are healthy because in the previous pregnancy they did not have a prenatal visit but did not experience any complications in pregnancy, childbirth or postpartum, they will make a prenatal visit if there are complaints and do not know the standards for antenatal care service visits.

Based on the above, the author wants to research further on "Analysis of Factors that Influence Pregnant Women's Non-Compliance in Carrying Out ANC Visits During Pregnancy at UPT. Dabo Lama Community Health Center, Lingga Regency in 2022."

III. RESEARCH METHODS

This type of research is quantitative research and the method or design used is analytical descriptive with a cross sectional approach, namely measuring independent variables and dependent variables by means of an approach, questionnaires and data collection carried out at the same time (point time approach) to determine the influence of age, education, employment, knowledge, attitudes, distance from residence, husband's support, and socio-cultural/customs with pregnant women's non-compliance in carrying out antenatal care (ANC) visits during pregnancy at the Dabo Lama Community Health Center, Lingga Regency in 2022. Population in the study These are pregnant women who are in the UPT work area. Dabo Lama Community Health Center, numbering 421 people.

Samples were taken using the Slovin formula and the results were 81 samples. The sampling technique in this research is the "probability sampling" technique, namely a sampling technique that provides an equal chance for each element or member of the population to be selected and become a sample. The probability sampling technique used is "simple random sampling". The independent variables of this research are age, education, occupation, knowledge, attitude, distance, husband's support, and social culture. Meanwhile, the dependent variable of this research is antenatal care visits.

IV. RESEARCH RESULTS AND DISCUSSION

4.1 Research Results

4.1.1 Univariate Analysis

a) Peng**Univariate Analysis**

Table 4.1.

Distribution of Respondents Based on Age

Age	Frequency (n)	Percentage (%)
Risky	23	28.4
No Risk	58	71.6
Total	**81**	**100.0**

of Pregnant Women in
UPT. Dabo Lama Health Center, Lingga
Regency

Based on the table above, of the 81 pregnant women respondents, based on age it can be seen that 23 respondents (28.4%) were at risk and 58 (71.6%) respondents were not at risk.

Table 4.2.

Distribution of Respondents Based on Pregnant Women's Education at UPT. Dabo Lama Health Center, Lingga Regency

Education	Frequency (n)	Percentage (%)
Tall	47	58.0
Low	34	42.0
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 47 respondents (58%) have high education, and 34 respondents (42%) have low education.

Table 4.3.

Distribution of Respondents Based on Occupation of Pregnant Women in UPT. Dabo Lama Health Center, Lingga Regency

Work	Frequency (n)	Percentage (%)
Work	15	18.5
Doesn't work	66	81.5
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 15 respondents (18.5%) worked, and 66 respondents (81.5%) did not work.

Table 4.4.

Distribution of Respondents Based on Knowledge of Pregnant Women at UPT. Dabo Lama Health Center, Kab. Phallus

Knowledge	Frequency (n)	Percentage (%)
Good	42	51.9
Not enough	39	48.1
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 42 respondents (51.9%) had good knowledge, and 39 respondents (48.1%) had poor knowledge.

Table 4.5.

Distribution of Respondents Based on Attitudes of Pregnant Women in UPT. Dabo Lama Health Center, Lingga Regency

Attitude	Frequency (n)	Percentage (%)
Positive	17	21.0
Negative	64	79.0
Total	**81**	**100.0**

Based on the table above, of the 81 respondents from pregnant women, it is known that 17 respondents (21%) had a positive attitude, and 64 respondents (79%) had a negative attitude.

Table 4.6.

Distribution of Respondents Based on Distance to Pregnant Women in UPT. Dabo Lama Health Center, Lingga Regency

Distance	Frequency (n)	Percentage (%)
Difficult	50	61.7
Easy	31	38.3
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 50 respondents (61.7%) have difficult distance access to health facilities and 31 respondents (38.3%) have easy distance access to get to health facilities.

Table 4.7.

Distribution of Respondents Based on Husband Support for Pregnant Women at UPT. Dabo Lama Health Center, Lingga Regency

Husband's Support	Frequency (n)	Percentage (%)
Support	50	61.7
Does not support	31	38.3
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 50 respondents (61.7%) received support from their husbands during pregnancy and 31 respondents (38.3%) did not receive support from their husbands during pregnancy.

Table 4.8.
Distribution of Respondents Based on Socio-Cultural Pregnant Women at UPT. Dabo Lama Health Center, Lingga Regency

Socio-cultural	Frequency (n)	Percentage (%)
Positive	10	12.3
Negative	71	87.7
Total	**81**	**100.0**

Based on the table above, of the 81 respondents from pregnant women, it is known that 10 respondents (12.3%) had positive social culture and 71 respondents (87.7%) had negative social culture.

Table 4.9.
Distribution of Respondents Based on ANC Visits of Pregnant Women in UPT. Dabo Lama Health Center, Lingga Regency

ANC visit	Frequency (n)	Percentage (%)
Obedient	34	42.0
Not obey	47	58.0
Total	**81**	**100.0**

Based on the table above, of the 81 pregnant women respondents, it is known that 34 respondents (42%) made ANC visits regularly and 47 respondents (58%) made ANC visits irregularly.

Bivariate Analysis
Table 4.10.
The Relationship Between the Age of Pregnant Women and Non-Compliance of Pregnant Women in ANC Visits at UPT.

Dabo Lama Health Center, Lingga Regency

Age	ANC visit				Total		Chi-Square Test
	Obedient		Not obey				
	N	%	N	%	n	%	
Risky	9	26.5	14	29.8	23	28.4	=0.472
No risk	25	73.5	33	70.2	58	71.6	
Total	34	100	47	100	81	100	

Based on the table above, it can be seen that of the 81 respondents, pregnant women who were at risk and complied with attending antenatal care visits were 9 respondents (26.5%) and those who were at risk but did not comply with attending antenatal care visits were 14 respondents (29.8%). Meanwhile, there were 25 respondents (73.5%) who were not at risk and adhered to antenatal care visits, and those who were not at risk but did not comply with antenatal care visits were 33 respondents (70.2%). Based on analysis using chi-square, the p value was obtained = 0.472, where this value is greater than the p value (p > 0.05) which means there is no significant relationship between the age of pregnant women and non-compliance of pregnant women in attending antenatal care visits. at UPT. Dabo Lama Health Center, Lingga Regency.

The Relationship Between the Age of Pregnant Women and Non-Compliance of Pregnant Women in Attending Antenatal Care Visits at UPT. Dabo Lama Health Center
Age is the length of time an individual lives from birth to birthday. The older you are, the more mature a person's level of maturity and strength will be in thinking and working. As a person's age increases, their maturity in thinking becomes better, so they will be motivated to check their pregnancy and know the importance of Antenatal care. The female reproductive period is basically divided into 3 periods, namely the young reproductive period (15-19 years), the

healthy reproductive period (20-35 years) and the old reproductive period (36-45 years). Delaying your first pregnancy until the age of 20 years will ensure a safer pregnancy and birth and reduce the risk of a baby being born with a low birth weight.

The results of this study are in line with research conducted by Palancoi, et al (2021) which states that from the results of the analysis of the relationship between maternal age during pregnancy and ANC compliance using the chi-square test, the result was 0.066 (> 0.05). These results indicate that there is no relationship between age and the level of ANC adherence. The results of this research are also in line with Indrastuti and Mardiana (2019) who stated that the results of the analysis using the chi-square test showed a result of (p= 0.956). These results indicate that age has no relationship with the use of antenatal care services.

The results of this study are not in line with research by Ramadhaniati, et al (2018). In this study, it was explained that from the results of the bivariate test analysis, information was obtained that of the 46 pregnant women aged < 20 years, 38 mothers or 82.6% of them had incomplete ANC visits, while 8 mothers or 17.4% of other mothers had complete ANC visits. . Next, of the 78 pregnant women aged 20 – 35 years, 24 mothers or 30.8% of the mothers had incomplete ANC visits, while 54 mothers or 69.2% of the other mothers had complete ANC visits. And of the 27 pregnant women aged > 35 years, 15 mothers or 55.6% of them had incomplete ANC visits, while 12 mothers or 44.4% of them had complete ANC visits. In the Chi-Square test, the value obtained is χ^2 = 31.390 and p-value = 0.000. Because p-value = 0.000 < 0.05, the null hypothesis is rejected, which means that there is a significant relationship between age and ANC visits among pregnant women in the Citra Medika Community Health Center working area in 2016.

According to Prawirohardjo (2014), maternal deaths that occur in pregnant and giving birth women aged under 20 years are 2-5 times higher than maternal deaths that occur at the age of 21-35 years. Maternal mortality increases again after the age of 35 years. Pregnancy at a young or teenage age (under the age of 20 years) will result in fear of pregnancy and childbirth, this is because at that age the mother may not be ready to have children and the mother's reproductive organs are not yet ready for pregnancy while at an older age (over 35 years) will cause anxiety about pregnancy and childbirth as well as the mother's reproductive organs being too old to get pregnant. Differences in the results of this study may occur because individual characteristics differ between one region and another. In the case of this research finding, the pregnant woman was at UPT. The Dabo Lama Community Health Center is not yet aware of the purpose and benefits of ANC services regardless of age. Behavioral theory according to Lawrence Green (2016) has made age a part of individual characteristics (heredity) which can contribute to individual health behavior.

The Relationship Between Pregnant Women's Education and Pregnant Women's Non-Compliance in Attending Antenatal Care Visits at UPT. Dabo Lama Health Center, Lingga Regency

The level of education is a social indicator in society because through education human behavior can improve and change their social image. Maternal education is the main capital in supporting the family's economy, it also plays a role in preparing family meals as well as raising and caring for children. The level of education greatly influences how a person acts and looks for causes and solutions in his life. People who are highly educated will usually act more rationally. Therefore, educated people will more easily accept new ideas. Likewise, highly educated mothers will have their pregnancy checked regularly in order to maintain the health of

themselves and the child in their womb. In theory, the level of education is considered important because from education a person can know and carry out their role in accordance with the goals of the organization. This theory is in line with the theory put forward by Lawrence Green (2016), the level of education is a factor in a person's behavior so that educational background is a very basic factor in motivating a person towards health behavior and a reference for one's learning. The mother's education level greatly influences the frequency of ANC visits. The more the mother understands the importance of ANC, the higher the mother's awareness of making ANC visits.

This research is in accordance with research conducted by Ramadhaniati, et al (2018). The research explained that in the Citra Medika Community Health Center working area, of the 35 pregnant women who had basic education, 30 pregnant women or 85.7% of them had incomplete ANC visits, while 5 pregnant women or 14.3% of other pregnant women had ANC visits. complete. Next, of the 91 pregnant women with secondary education, 41 mothers or 45.1% of mothers had incomplete ANC visits, while 50 mothers or 54.9% of other mothers had complete ANC visits. And of the 25 highly educated pregnant women, 6 mothers or 24% of them had incomplete ANC visits, while 19 mothers or 76% of them had complete ANC visits. In the Chi-Square test, the value obtained is $\square 2 = 25.458$ and p-value = 0.000. Because p-value = 0.000 < 0.05, the null hypothesis is rejected, which means that there is a significant relationship between education and ANC visits for pregnant women in the Citra Medika Community Health Center working area in 2016. This result is also supported by research by Vinny et al (2016) which stated that there is a relationship between education and the regularity of Antenatal Care (ANC) examinations at the Ranotana Weru Community Health Center, Wanea District, Manado City with a value of p=0.000.

V. CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research conducted on pregnant women patients regarding "Analysis of Factors that Influence Pregnant Women's Non-Compliance in Carrying Out ANC Visits During Pregnancy at UPT. Dabo Lama Community Health Center, Lingga Regency in 2022", the following conclusions can be drawn:

1. There is no significant relationship between the age of pregnant women and non-compliance of pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value > 0.05, namely (p=0.472>0.05).

2. There is a significant relationship between pregnant women's education and pregnant women's non-compliance with ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.000<0.05).

3. There is a significant relationship between the employment of pregnant women and non-compliance of pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.000<0.05).

4. There is a significant relationship between knowledge of pregnant women and non-compliance of pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.000<0.05).

5. There is a significant relationship between the attitude of pregnant women and non-compliance of pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.000<0.05).

6. There is a significant relationship between the distance traveled by pregnant women and non-compliance by pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.019<0.05).

7. There is a significant relationship between support from pregnant women's husbands and pregnant women's non-compliance in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.000<0.05).

8. There is a significant relationship between the socio-cultural environment of pregnant women and non-compliance of pregnant women in making ANC visits at UPT. Dabo Lama Health Center, Lingga Regency. This is proven by obtaining a p value <0.05, namely (p=0.027<0.05).

SUGGESTION

1. For Further Researchers
It is hoped that future researchers can expand the variables related to Antenatal Care (ANC) visits and can test research instruments and test hypotheses, because in this study they are statistically significant.

2. For Pregnant Women
It is hoped that pregnant women will pay more attention to the condition of their pregnancy, namely by carrying out regular antenatal care so that the mother's pregnancy is monitored by health workers.

3. For Families
It is hoped that the family can become a support and motivator for pregnant women in carrying out antenatal care visits during pregnancy. Because by having regular pregnancy checks, pregnant women and their families can monitor the condition of the mother and baby early on to see whether they are in a healthy condition, or whether there are any complications/complications of pregnancy.

4. For Community Health Centers

To increase visits by pregnant women, for UPT. The Dabo Lama Community Health Center is advised to increase the knowledge of pregnant women through education about the importance of Antenatal Care. Apart from that, the community health center should do more research in terms of collaborating with cross-sectors and traditional community leaders regarding the invitation to carry out pregnancy checks or ANC visits for pregnant women who do not comply with ANC visits.

5. For Cross Sectors and Traditional Community Leaders
It is hoped that cross-sectors, including traditional community leaders, can support and participate in programs or innovations that will be created by the UPT. Dabo Lama Community Health Center regarding ANC visits.

6. For Educational Institutions
It is hoped that the results of this research can be used as discourse or additional literature/reference for readers at the STIKes Mitra Husada Medan library.

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