Determinants of Accuracy of Minimum Standards of Anc Visits in Midwife Self Practices

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Article Info	ABSTRACT
	Sixtime visits for antenatal care according to the World Health Organization guidelines spread over trimesters 1, 2 and 3. The timing of these visits is important so that pregnant women get maximum health checks and early detection can be carried out. This research method is quantitative with a cross sectional approach. The independent variable is the determinant of the mother in terms of internal factors such as age, education, parity and then the dependent variable is the accuracy of the ANC visit to the independent midwife practice. The sampling technique in this study was purposive sampling with a total sample of 64 respondents. The results of the study reported that the determinants of risk factors that could increase the accuracy of ANC visits were the mother's recent high school education (high school and college) with a p value <0.05 and parity of the mother as a primigravida with a p value <0.05. The conclusion is that the accuracy of the mother's visit in carrying out the ANC examination is based on the last education and parity of the mother.

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INTRODUCTION

Antenatal Care Services are services provided to women during their pregnancy. This antenatal service is considered very important in ensuring that both the mother and the fetus they contain will be safe both during pregnancy and during delivery. Pregnancy examination or ANC is not only considered important but is a must for women during their pregnancy. Maternal Mortality Rate (MMR) is one of the issues that is the focus of the Indonesian government in policy making in the health sector. The Sustainable Development Goals (SDGs) target to reduce MMR by 70 per 100,000 live births by 2030. To meet the SDGs target, the government is pursuing various programs to reduce MMR including through antenatal care (ANC) (Kemenkes RI, 2017).

Nowadays it is estimated that the AKI has decreased, but is still relatively high, so it needs serious treatment. The 2012 SKRT results above also show that the highest events that cause maternal death in Indonesia are bleeding (24.8%), infection (14.9%), prolonged labor (6.9%), eclampsia (12.9%) and others (Bahri, 2014). This is one of the important factors for health checks during pregnancy or what is called antenatal care.

Pregnancy examination or ANC is an examination of pregnancy to optimize the physical and mental health of pregnant women, so that the safety of mothers and children during pregnancy is maintained, as well as being able to deal with childbirth and the postpartum period (Prawirohardjo, 2016). The main goal of

Antenatal Care is to ensure that every pregnant woman will receive quality antenatal care, so that she is able to carry out a healthy pregnancy, give birth safely and give birth to a healthy baby (Sari, 2015).

The coverage of ANC K4 visits in Indonesia in 2006-2019 tends to increase and has met the target set by the Ministry of Health's 2019 Strategic Plan (Renstra), namely 80%, with a target achievement of 88.54% (Ministry of Health RI, 2018). Prawiroharjo revealed that the negative impact or result of irregular prenatal check-ups was that maternal and fetal abnormalities were not detected (fetal growth retardation, fetal motility) and the possibility of unknown risks in pregnant women (before delivery) (Prawirohardjo Sarwono, 2006). Adequate management through consultation allows mothers to find out more about the importance of prenatal checks for pregnant women, especially in the third trimester, so they can change their behavior and carry out regular prenatal checks.

Judging from reports in the Province of Bali, it was found that the coverage of K4 continues to decline each year when viewed from 2018-2021. In 2021 it is reported that the K4 coverage in Bali Province is 90.3%. These results indicate that there are still many pregnant women who do not carry out proper examinations at health services, both independent midwives and puskesmas. If you look specifically at Jembrana, the coverage of K4 ANC implementation is also still low, at 94.3% (Bali Provincial Health Office, 2021). From these results it can be concluded that the completeness of ANC visits is still very low. This is not only happening in the Puskesmas but also in practicing midwives.

The results of the preliminary survey found that only 2 out of 5 pregnant women routinely went for monthly pregnancy checks to health services. Meanwhile, the other three mothers did not carry out a complete pregnancy check-up according to the schedule determined by the health officer, did not know the standard of visiting ANC services, and only checked their pregnancies if there were complaints. This study aims to analyze the determinants of the accuracy of antenatal care visits (ANC) at the Independent Midwife Practice in Jembrana.

METHOD

This research is a quantitative study taken in cross sectional with the population being all pregnant women in the third trimester in the study site. The samples were taken according to the formula for a sample size of 64 pregnant women. The sampling technique used was purposive sampling where the researcher also made inclusion and exclusion criteria for this study. The location of the research was carried out at the Independent Midwife Practice in December 2022-January 2023. The data collection instrument used closed questionnaires with the Guttman scale, namely a scale that states the type of firm answer, such as true-false, yes-no, never-never, agree-answers. disagree, and positive-negative. Visits can also be seen from the MCH handbook which shows visits by pregnant women in the first, second and third trimesters. Data analysis used frequency distribution analysis to see the proportion of determinants of pregnancy visits.

RESULTS

This section will describe the results of univariate analysis and the determinants of the appropriateness of ANC visits. The results of univariate analysis can be seen in the table below.

Table 1. Characteristics of Respondents

Characteristic	f (%)
Ages	
Reproduktive	50 (78,1)
Risk	14 (21,9)
Last Education	
High Educations	55 (85,9)
Low Educations	9 (14,1)
Parity	
Primigravida	38 (59,4)
Multigravida	26 (40,6)
Work	
Work	10 (15,6)
No Work	54 (84,4)
ANC Precision	
Appropriate	18 (28,1)
No Appropriate	46 (71,9)

Based on Table 4.1, it can be reported that the majority of the mother's age is in the reproductive age, which is equal to 78.1%. Most pregnant women are also highly educated 85.9%, 59.4% are primigravidas. Most of the pregnant women did not work or were housewives, namely as much as 84.4% and if seen visits TW 1-3 as much as 71.9% were inappropriate in ANC visits 6 times with distribution 2x TW 1, 1x TW 2 and 3 x TW 3. The determinants of ANC visits during pregnancy are closely related to the health and safety of pregnant women. The results of the analysis of the determinants of the accuracy of ANC visits can be seen in the table below:

Table 2. Determinants of Appropriateness of ANC Visits

Variable	ANC Precision		OR	P value
	Appropriate	No		
Ages				
Reproduktive	14 (28)	36 (72)	0,97	0,96
Risk	4 (28,6)	10 (71,4)		
Last Education				
High Educations	18 (32,7)	37 (67,3)	1,67	0,04*
Low Educations	0 (0)	9 (100)		
Parity				
Primigravida	6 (15,8)	32 (84,2)	0,21	0,008*
Multigravida	12 (46,2)	14 (53,8)		
Work				
Work	2 (20)	8 (80)	0,59	0,53
No Work	16 (29,6)	38 (70,4)		

The results above report that when viewed from the characteristic variables that determine the appropriateness of ANC visits, the mother's education is high (OR 1.67, p value 0.04) and mothers with multigravidas.

Accuracy in the mother visiting the midwife's independent practice is important because the mother's pregnancy is well monitored and the mother's health can also be known well by health workers. The results of this study found that most of the respondents who entered the study were of reproductive age, namely between the ages of 20-35 years with the last education from high school to university. This result is in line with previous research that the education and age of the mothers who entered as respondents were at reproductive age and the most recent education was tertiary institutions (Pattipeilohy, 2018).

The results of this study also found that most of the respondents were incomplete in making ANC visits. This is evident that during data collection many mothers did not come according to WHO recommendations as many as 6 times with the elaboration of 1x TW 1, 2 times TW 2 and 3 times TW 3. Many made the most visits in Q3 while TW 1 and 2 did not visit. to health services. Different results were found in previous studies where most mothers had made timely and complete visits (Nani et al., 2022).

Mother's education is one of the factors that can be a risk for mothers to visit in full according to recommendations to health care facilities. Education is closely related to the results of knowledge. The higher the mother's education automatically has increased knowledge about visits or the accuracy of visits during pregnancy. It is proven that mothers with good knowledge automatically have knowledge about when to visit the right ones during pregnancy and according to information from health workers (Emilia, 2021).

Higher education indicates the mother goes to school well with the assumption that the mother attends school or has the last education from high school to university. Good education automatically guarantees mothers to behave well in terms of carrying out health checks or carrying out pregnancy checks. Education is a basic need for humans to develop themselves. The behavior of mothers with high education will be different from the behavior of mothers with low education. Mothers who have higher education automatically have experience regarding the learning process and the process of knowing something, especially during pregnancy (Padila, 2014).

Mothers who have low education seem resigned and don't want to know about themselves and the fetus they are carrying. Education is also one of the predisposing factors for the emergence of a health care behavior. Mothers who have higher education seem more open to new information and seem more open to new things, making it very easy for mothers to receive information and carry it out (Pattipeilohy, 2018).

Maternal parity in the results of this study was divided into primigravida and multigravida. The results of this study found more primigravidas. And the result is that mothers with primigravida are more at risk of being able to visit completely during ANC. This shows that mothers who are pregnant for the first time will automatically become more concerned about their condition and be more regular and complete when visiting.

In contrast to mothers with primigravidas, they think that they already have a lot of experience from getting pregnant to giving birth, so they are not motivated to do pregnancy checks (Pattipeilohy, 2018).

Mothers with multigravida find it very difficult to accept new information and this indicates that the mother is experienced and does not want to be open with new information and seems more resistant. So this is what causes the mother to not want to make a complete visit to the health worker.

CONCLUSION

The conclusion of this study is that there are 2 variables that determine the accuracy of mothers visiting ANC, namely mothers with higher education, namely high school to university graduates, and parity of mothers who are primigravidas. Meanwhile, the determinants of other factors are not a significant risk.

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