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ANALYSIS OF FACTORS UTILIZATION OF ANTENATAL CARE SERVICE

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ABSTRAK : ANALISIS FAKTOR PEMANFAATAN PELAYANAN KESEHATAN ANTENATAL

Latar Belakang :Capaian pelayanan kesehatan antenatal pada ibu hamil salah satunya adalah dilihat dari cakupan K1 dan K4. Data Puskesmas Rakit Kulim tahun 2020 cakupan K1 yaitu 47,9%, K4 52,3%, sedangkan di tahun 2021 cakupan K1 mengalami kenaikan yang signifikan yaitu 100% namun pada cakupan K4 81,7%. Dari sini dapat dilihat bahwa ada beberapa pencapaian cakupan belum mencapai target nasional.

Tujuan : untuk menganalisis faktor yang mempengaruhi pemanfaatan pelayanan antenatal di Komunitas Suku Talang Mamak Kecamatan Rakit Kulim.

Metode Jenis penelitian ini adalah kuantitatif dengan pendekatan cross *sectional* dengan jumlah responden 55 orang dengan kriteria ibu hamil dan ibu yang memliki batita. Variable yang diteliti pada penelitian ini adalah usia, pengetahuan, sikap, kepercayaan/Adat istiadat, jarak dandukungan keluarga. Analisis data menggunakan uji Chi Square.

Hasil: bahwa variabel-variabel memiliki kemaknaan secara statistik yaitu Usia (*P value* 0,011), Pengetahuan *(P value* 0,000), Sikap (*P value* 0,006), Kepercayaan/Adat/Istiadat (*P value* 0,001), Jarak (*P value* 0,047), dan Dukungan Keluaraga (*P value* 0,004)

Kesimpulan : Penelitian menunjukkan ada hubungan usia (p= 0,011), pengetahuan (p = 0,000), sikap (p = 0,006), kepercayaan/adat (p = 0,001), jarak (p = 0,047), dukungan keluarga (p = 0,004).

Saran : Disarankan meningkatkan pengetahuan ibu dengan tetap melakukan promosi kesehatan dengan pendekatan budaya dan sosial, serta menanamkan sikap yang positif pada agar terus rutin memanfaatkan pelayanan antenatal sehingga terhindar dari komplikasi dalam kehamilan

Kata kunci : Faktor, Pemanfatan layanan Antenal, Suku Talang Mamak

ABSTRACT

Background: One of the achievements of antenatal health services for pregnant women is seen from the coverage of K1 and K4. Data from the Rakit Kulim Health Center in 2020, K1 coverage was 47.9%, K4 52.3%, while in 2021 K1 coverage experienced a significant increase, namely 100% but K4 coverage was 81.7%. From this it can be seen that there are several coverage achievements that have not reached the national target.

Objective: to analyze factors utilization of antenatal care service in the Talang Mamak Tribal Community, Rakit Kulim District. This type of research is quantitative with a cross sectional approach with a total of 55 respondents with the criteria being pregnant women and mothers with toddlers. Variable in this research is Age, knowledge, attitude, beliefs/custom, distance, and family support. Data analysis used the Chi Square test.

Results: that the variables have statistical significance, namely Age (P value 0.011), Knowledge (P value 0.000), Attitude (P value 0.006), Beliefs/Customs/Customs (P value 0.001), Distance (P value 0.047), and Family Support (P value 0.004)

Conclusion: Research shows there is a relationship between age (p = 0.011), knowledge (p = 0.000), attitude (p = 0.006), beliefs/customs (p = 0.001), distance (p = 0.047), family support (p = 0.004) .

Suggestion: It is recommended to increase maternal knowledge by continuing to promote health with a cultural and social approach, as well as instilling a positive attitude so that they continue to regularly utilize antenatal services to avoid complications in pregnancy.

Keywords: Factors, Utilization of Antenatal Services, Talang Mamak Tribe

INTRODUCTION

Based on data from the Central Statistics Agency (BPS) in 2020, the Maternal Mortality Rate (MMR) in Indonesia according to the 2020 Population Census Long Form results was 189/100,000 live births. Meanwhile in Riau Province it is 158/100,000 Live Births (BPS, 2020).

One effort to realize and improve maternal and child health is to provide quality antenatal care. The quality antenatal service (ANC) component has indicators of examination services in the form of 10T, namely: weighing and measuring height, measuring blood pressure, measuring upper arm circumference (LILA), measuring uterine fundal height (TFU), determining tetanus immunization status and administering tetanus toxoid immunization according to immunization status, administering blood supplement tablets of at least 90 tablets during pregnancy, determining fetal presentation and fetal heart rate (DJJ), holding interviews, simple laboratory test services and case management (Kemenkes, 2016).

Antenatal care for pregnant women can be provided at health service facilities (hospitals, clinics, community health centers/pustu/pusling and health worker practices), or other service locations (poskesdes, polindes and posyandu) that provide pregnancy check-up services. Antenatal care for pregnant women is provided at least four times during pregnancy (Mardiyah et al., 2014)

Antenatal care coverage during pregnancy consists of K1, K1 ideal, and K4. K1 is health services received during the pregnancy of the last child by health workers, at least once without taking into account the examination period. Ideal K1 is the health service received during the pregnancy of the last child by health workers, and the first pregnancy check-up is carried out during the 1st trimester of pregnancy. K4 is the health check-up service for pregnancy by health workers with the frequency of ANC during the last child's pregnancy at least 6 times according to The criteria are at least 1 time during the 1st trimester of pregnancy, 2 times in the 2nd trimester and 3 times in the 3rd trimester. The K1, K1 ideal and K4 indicators show access to health services for pregnant women and the level of compliance of pregnant women in having their pregnancy checked by health workers (Kemenkes, 2020).

Based on 2018 Riskesdas data conducted by the Ministry of Health, the proportion of antenatal checks during pregnancy (K1, K1 ideal and K4) in women aged 10-54 years includes K1 visits of 96.1%, K1 Ideal of 86.0% and K4 visits of 74 .1%. In Riau province, K1 visits were 94.7%, Ideal K1 was 84.1% and K4 visits were 69.9% (Kemenkes. RI, 2018)

Antenatal visit coverage is calculated based on the number of pregnant women who received standard antenatal care in a region in a certain period of time divided by the number of all pregnant mothers in that region in the same period multiplied by 100%. The coverage of maternal health indicators is reflected in the indicator of four ANC visits (K4). Based on these indicators, Riau Province has still not achieved the Ministry of Health's RPJMN (Medium Term Development Plan) target of 85%.

Data from the Rakit Kulim Community Health Center in 2020, K1 coverage was 47.9%, K4 52.3%, while in 2021 K1 coverage experienced a significant increase, namely 100% but K4 coverage was 81.7%. From this it can be seen that there are several coverage achievements that have not reached the national target.

Subdistrict Rakit Kulim is located in the Indragiri Hulu Regency in Riau. One of the original occupants of Riau is the Talang Mamak Tribal Community, and they live here. The Talang Mamak people used to be a single, big group. Shifting cultivation has long been their customary farming practice. Moving a family is nothing unique for the Talang Mamak Tribe because, in accordance with their norms, that is the best way.

Because Talang Mamak village is deep in the jungle and has not seen much development, the community generally still has limited access to health services. with the exception of the past few years because of the introduction of new programs in their field. restricted access to medical care.

Utilization of antenatal services is influenced by several factors, namely age, education, knowledge, employment, attitudes, family support, support from staff, access to places of service and family income. The results of Tunny.R and Astuti.AD:2022 research show that there is an influence of pregnant women's age on antenatal care visits, namely p=0.017 (p<0.05), pregnant women's knowledge of antenatal care visits, namely p=0.030 (p<0.05) , but there was no effect of parity on antenatal care visits with a value of p=0.051 (p>0.05) (Rahma Tunny, 2022). Because of this phenomenon, the aim of this research is to analyze the Factors Utilization Of Antenatal Care Service in the Talang Mamak Tribe Community, Rakit Kulim District, Riau.

RESEARCH METHODS

This type of research is quantitative with a cross sectional approach. The research was conducted in August-October 2023. The population

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in this study was all pregnant women from Sungai Ekok village and Talang Perigi village with the criteria for respondents being 55 people from the Talang Mamak tribe in August-October 2023. And the entire population is taken as the research object.

The data collection instrument used was a questionnaire in the form of a list of questions to determine the variables studied. Data analysis used is univariate and bivariate analysis. Univariate data analysis was carried out to see the frequency distribution of the independent variables (Age, Knowledge, Attitudes, Beliefs/Customs, Distance, Family Support for pregnant women) and the dependent variable (Utilization of Antenatal Services). Bivariate analysis was carried out to see the relationship between the independent variables and the dependent variable using the chi-square test.

RESEARCH RESULTS

Based on the table, it is known that respondents are in the at-risk reproductive age category (<20 and >35 years), namely 31 respondents (56.4%), who have low knowledge, namely 28 people (50.9%), who have a positive attitude, namely 30 respondents (54.5%). %), influenced by beliefs/customs, namely 30 respondents (54.5%), being at an inaccessible distance to antenatal services, namely 29 respondents (52.7%) and not receiving family support, namely 28 respondents (50.9%)

Table 1
Frequency Distribution of Respondents Based on Factors influencing the use of antenatal care In the Talang Mamak Tribe Community, Rakit Kulim District, Riau

Category	f	%
Age		
At risk (< 20 and > 35 years)	31	56,4
No risk (20-35 years)	24	43,6
Knowledge		
Low	28	50,9
Tall	27	49,1
Attitude		
Positive	30	54,5
Negative	25	45,5
Beliefs/Customs		
There is	30	54,5
There isn't any	25	45,5
Distance		
Affordable	26	47,3
Unreachable	29	52,7
Family support		
Support	27	49,1
Does not support	28	50,9

Table 2
Factors that influence the use of antenatal services in the Talang Mamak tribe, Rakit Kulim District, Riau

Characteristics	Utilization of Antenatal Services				Total		P *Value*	OR
	Used		Not Used					
	F	%	F	%	F	%		
Age								
At risk (< 20 and > 35 years)	17	77,3	14	42,4	31	56,4	0,011	4,614
No risk (20-35 years)	5	22,7	19	57,6	24	43,6		
Knowledge								
Low	19	86,4	9	27,3	28	50,9	0,000	16,889
Tall	3	13,6	24	72,7	77	49,1		
Attitude								
Positive	17	77,3	13	39,4	30	54,5	0,006	5,231
Negative	5	22,7	20	60,6	25	45,5		
Beliefs/Customs								
There is	18	81,8	12	36,4	30	54,5	0,001	7,875
There isn't any	4	18,2	21	63,6	25	45,5		
Distance								
Affordable	14	63,6	12	36,4	26	47,3	0,047	3,063
Unreachable	8	36,4	21	63,6	29	52,7		
Family support								
Support	16	72,7	11	33,3	27	49,1	0,004	5,333
Does not support	6	27,3	22	66,7	28	50,9		

Based on the table, it is known that respondents who are in the risk age category (<20 years and >35 years) utilize antenatal services (77.3%), respondents who have high knowledge do not utilize antenatal services, namely 24 respondents (72.7%), respondents Those who have a negative attitude do not utilize antenatal services, namely 20 respondents (60.6%), beliefs/customs of respondents do not utilize antenatal visits, namely 21 respondents (63.6%), unaffordable distance causes respondents not to utilize antenatal services, namely 21 respondents (63.6%) and unsupportive families caused respondents not to take advantage of antenatal visits, namely 22 respondents (66.7%).

Based on bivariate analysis using the chi-quare test, the results showed that the variables had statistical significance, namely Age (P value 0.011), Knowledge (P value 0.000), Attitude (P value 0.006), Beliefs/Traditions (P value 0.001), Distance (P value 0.047), and Family Support (P value 0.004)

DISCUSSIONS

Relationship between Age and Utilization of Antenatal Services

Age influences a person's behavior, where someone who is more mature will be more mature in thinking. The older you are, the more mature a person's level of maturity and strength will be in thinking and working. This is because age influences a person's thinking, apart from that, age also makes a person have experience in life so they are able to decide what is best for their health (Wati, 2014)

This research shows that there is a significant relationship between age and the use of antenatal services (p value = 0.011), of the 55 respondents who are at risk, there are still 14 respondents (42.4%) who have not yet utilized health services for antenatal checks..

In fact, maternal age can be used as a measuring tool in determining whether pregnancy or childbirth is risky or not. The lower a person's age in pregnancy, the greater the risk of pregnancy and childbirth. Likewise, the higher a person's age in pregnancy can influence the optimal condition of the mother and fetus during the birth that will be faced (Varney et al., 2004)

Additionally, it was discovered in this survey that 19 respondents, or 57.6%, of pregnant women in the no-risk age group (20–35 years old), did not get antenatal care.

Research by Tati Awalia & Sari (2023) provides support for this study. The findings indicated that age and the use of antenatal services had a significant relationship (P.value 0.001) with an OR value of 0.081, indicating that pregnant women are primarily between the ages of 20 and 35. less likely to use ANC services by 0.081 times.

Relationship between Knowledge and Utilization of Antenatal Services

Based on the knowledge variable from 55 respondents, an odds ratio (OR) value of 16 was obtained, meaning that mothers with low knowledge had a tendency not to utilize antenatal care that was 16 times greater than mothers with high knowledge. So there is a significant relationship between maternal knowledge and the use of antenatal services because the P value is 0.000 or less than 0.05.

The basic characteristic of the level of knowledge is memory about something that one knows either through experience, learning or information received by other people. Both knowledge and belief are a person's mental response in relation to certain objects that are realized as existing or occurring. Knowledge can be wrong or erroneous, because if a knowledge turns out to be wrong or erroneous, it cannot be considered knowledge. so that what is considered knowledge changes its status to belief (Soekidjo Notoatmodjo, 2014)

The study's findings are consistent with earlier research (Tura, 2009), which found a correlation between prenatal service use and understanding about prenatal care. where prenatal care are used by 73.4% of respondents who are aware of pregnancy. (OR = 33.33, 95%CI: 20.00, 50.00)

The Relationship between Attitudes and Utilization of Antenatal Services

Judging from the attitude variable, it was found that the odds ratio (OR) value was 5.231, meaning that mothers with a negative attitude had a tendency not to use antenatal care that was 5.231 times greater than mothers who had a positive attitude. So there is a significant relationship between attitude and utilization of antenatal services because the P value is 0.006 or smaller than 0.05.

Mothers who have unpleasant experiences in antenatal care with health workers and a lack of trust in health workers will be more likely to choose to have their pregnancy checked rather than with medical personnel such as midwives. They felt close to the midwife to be more patient in waiting for delivery. Apart from that, the service and attitude of health workers also influence the use of antenatal care services chosen by the mother (Olayinka et al., 2012)

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Pregnant women's ignorance of the value of prenatal exams is another reason why they do not use antenatal care; of those surveyed, 268 (51.4%) and 213 (40.9%) believe there are no health issues during pregnancy. Aside from that, one of the things preventing the usage of antenatal services is embarrassment and fear of medical professionals. (Tura, 2009)

Because of this, health professionals need to communicate, educate, and inform the public about ANC more effectively in order to reach all societal segments, particularly rural pregnant women.

Relationship between Beliefs/Customs and Utilization of Antenatal Services

Looking at the belief/custom variable, it is found that the odds ratio (OR) value is 7.875, meaning that mothers in the belief/custom category have a tendency not to utilize antenatal services that is 7.875 times greater than mothers in the absence belief/custom category. So there is a significant relationship between beliefs/customs and the choice of birth attendant because the P value is 0.001 or smaller than 0.05 Customs/culture is defined as a combination of lifestyle, beliefs, values, knowledge, rules and objects that provide guidance to its followers, in the form of thoughts and actions, and are sustainable, cumulative and progressive. Someone with the same cultural background will interpret people in their group differently, but will perceive people outside their group as the same. (Soekidjo Notoatmodjo, 2014)

From a cultural aspect, there are too many taboos and abstinence from eating for pregnant women is still considered a normal event. If someone has a culture that is contradictory and detrimental to health, then this will be prohibited by the health officer who examines him. This will make someone reluctant to return to using these health services (Indriyani dan Asmuji, 2014).

The concept of culture is also influenced by beliefs, values and habits, including from a health perspective and the way individual health is implemented. Indonesia, which stretches from Sabang to Merauke, has thousands of thousands of tribes with different customs. Some of these customs are still considered "primitive and do not care about health (Utami, 2019)

Beliefs and cultural/customary practices are important considerations when deciding whether to use prenatal treatments. Specifically, cultural norms and beliefs influence when a pregnant woman should reveal her pregnancy and can discourage women from obtaining prenatal care during the first trimester. Maternal practices and beliefs that have been identified include consulting village elders for guidance, remaining faithful to one's partner, and knowing when to disclose pregnancy. Health authorities pointed out that because pregnant women are frequently surrounded by people who hold similar cultural views, it can be challenging to reject them if they attempt to defy expectations. (Titaley et al.2010) (Roberts et al. 2017)

The Talang Mamak Riau tribal community has beliefs and culture that they believe in. The people of the Talang Mamak tribe have the belief that during pregnancy there are things that they believe to be a form of advice given by their ancestors that must be obeyed. However, apart from that, there are also some people from the Talang Mamak tribe who also have beliefs, but consider things to be normal and not to be ignored. fear/obey. In terms of culture, the Talang Mamak tribe has a culture that during pregnancy there are traditions that must be followed, they have the same tradition regarding pregnancy care which is called beteling, which is a form of agreement between pregnant women and village midwives to help with the pregnancy process until delivery. (Arlis, 2021)

Relationship between Distance (Accessibility) and Utilization of Antenatal Services

Judging from the research results, there is a significant relationship between accessibility (distance) and the use of antenatal services because the P value is 0.047 or smaller than 0.05

Accessibility means that health services must be accessible to the community, not hindered by geographical, social, economic, organizational and linguistic conditions. The farther the distance from home to the puskesmas, the less often the mother makes check-up visits to the puskesmas. Geographic access is measured by distance, travel time, travel costs, type of transportation to obtain health services. Pregnant women who use antenatal services can easily access antenatal services, the distance between home and health services is close and can be accessed on foot. If the distance between the houses is quite far, the mother uses transportation that is easily available at an affordable cost and does not take a long time to travel. Meanwhile, pregnant women whose homes are far away will rarely use antenatal services and find it difficult to find public transportation and spend a long time traveling so they will rarely have pregnancy checks. (Rauf et al., 2013).

It was also discovered in this study that 21 respondents (63.6%) did not use prenatal services since it was difficult for them to get to prenatal care facilities.

This conclusion is consistent with that of Tsegay et al. (2013), who found that 602 respondents (or 54% of the sample) had at least one prenatal visit at a health facility. Among the excuses given for not seeking prenatal care were not feeling ill (32.7%), not understanding the advantages of the treatment (28.2%), feeling ashamed (16.7%), having a heavy task (13.4%), and facilities. Health that is too remote to be challenging to access (12.5%).

The Talang Mamak tribe lacks public transportation for accessing maternity treatments because getting to health facilities is difficult due to the distance and poor road conditions, especially on rainy days. The Talang Mamak tribe primarily consists of motorcyclists and pedestrians. (Arlis, 2021)

Relationship between Family Support and Utilization of Antenatal Services

Judging from the research results, there is a significant relationship between family relationships and the use of antenatal services because the P value is 0.004 or smaller than 0.05

The support of husbands and families is very important in this case, because the husband's participation will support pregnant women in coming to health services, as well as helping pregnant women at important times.

Pregnant women will make regular Antenatal Care visits if their husband recommends, provides support, then the pregnant mother is willing to do it. Support is really needed by pregnant women, especially pregnant women whose gestational age is approaching birth. The individual who plays the most role in providing support is the husband. The greater the husband's support, the more frequent the Antenatal Care visits. Pregnant women will make regular Antenatal Care visits if their husband recommends, provides support, then the pregnant mother is willing to do it (Sari et al., 2015)

This study supports previous research (Abosse et al., 2011) that found a strong relationship between the use of prenatal services and favorable husband support for ANC. ANC usage is higher among pregnant women whose husbands see it favorably than it is among those whose husbands view it unfavorably (OR=3.5; 95%CI 1.46, 8.34).

CONCLUSION

The research results show that there is a relationship between age (p value = 0.011), knowledge (p value = 0.000), attitude (p value = 0.006), beliefs/customs (p value = 0.001), distance (p value = 0.047), and family support (p value = 0.004) with the use of antenatal services.

SUGGESTION

It is recommended to increase maternal knowledge by continuing to promote health with a cultural and social approach, as well as instilling a positive attitude so that they continue to regularly utilize antenatal services to avoid complications in pregnancy.

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