

FACTORS AFFECTING MATERNAL COMPLIANCE IN THIRD TRIMESTER ANTENATAL CARE AT NURUSSALAM HEALTH CENTER IN EAST ACEH DISTRICT IN 2024

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ABSTRACT

The high maternal mortality rate in Indonesia is related to many factors, one of which is pregnancy, where complications during pregnancy are not detected because pregnant women do not utilize ANC. Problems that occur in pregnancy can be prevented by pregnancy check-ups. The importance of ANC visits is not yet a top priority for most pregnant women. Based on Green's theory, there are predisposing factors (education, knowledge), reinforcing factors (husband support) and enabling factors that can influence a person's behavior. This study aims to determine the factors that influence the compliance of pregnant women in third trimester pregnancy checks at the Nurussalam Health Center, East Aceh Regency in 2024. This type of research is observational analytic, survey method and cross sectional design. This study was conducted at the Nurussalam Health Center, East Aceh Regency in April-May 2024. The sample was TMT III pregnant women totaling 40 people taken by accidental sampling. The study showed that the compliance of TMT III pregnancy examination in the majority was not compliant, namely 24 respondents (60%). There is a relationship between maternal education and compliance with TMT III pregnancy check-ups with a $P\text{value} = 0.001 < \alpha = 0.05$. There is a relationship between maternal knowledge with TMT III pregnancy check-up compliance with a $P\text{value} = 0.014 < \alpha = 0.05$. There is a relationship between husband's support with TMT III pregnancy check-up compliance with a $P\text{value} = 0.021 < \alpha = 0.05$. It is hoped that this study can be a reference to be able to check their pregnancy regularly in accordance with current regulations, so that obstetric and neonatal emergencies can be managed early so as to reduce morbidity and mortality of both mothers and babies.

Keywords: *Compliance, TMT III Pregnant Women, Education, Knowledge, Husband's Support.*

INTRODUCTION

Pregnancy is a matter that involves several changes including physiological, biological, and psychological changes in women. Physiological changes that occur are the process of zygote formation and eventually become a fetus that will develop until the delivery process. Meanwhile, hormonal changes in pregnant women are part of the mother's response to pregnancy which can cause stress, changes in feelings, such as during menstruation or menopause. Therefore, these pregnant women need to be supervised by health workers related to the health of the mother and the fetus in her womb. (Citrawati, 2021). One form of surveillance to measure the level of health of pregnant women is the maternal mortality rate. Globally, in 2020 there were 152 maternal deaths per 100,000 live births. In Indonesia, the maternal mortality rate reached 183 per 100,000 live births, which is still far from the SDGs target of 70 per 100,000 live births by 2030 (Kemenkes, RI, 2021). The high maternal mortality rate in Indonesia is related to many factors, one of which is pregnancy, where complications during pregnancy are not detected because pregnant women do not utilize ANC at health services so that their pregnancies are at high risk. In 2019, the most common causes of maternal death were bleeding (1,280 cases), hypertension in pregnancy (1,066 cases) and infection (207 cases). The Aceh Health Profile in 2020 shows the highest Maternal Mortality Rate (MMR) with 172 maternal deaths. The highest cause of maternal death in Aceh is still dominated by bleeding at 32 percent (Aceh Health Profile, 2020). The health profile of East Aceh District in 2021 the maternal mortality rate in East Aceh District was 194 per 100,000 live births (17 cases of maternal death). (East Aceh District Health Office, 2021). Data on Antenatal Care (ANC) visits in Indonesia tend to fluctuate, this is indicated by data on K1 and K4 coverage in 2018 K1 coverage was 95.65 percent and K4 coverage was 88.03 percent and in 2019 K1 coverage was 96.4 percent and K4 coverage was 88.54 percent. In 2021, K4 coverage in Indonesia reached 88.8% and K6 63 percent. Aceh Province has K1 coverage of 90 percent, K4 coverage of 78.1 percent and K6 coverage of 41.6 percent, this coverage is still below the RPJMN (National Medium Term Development Plan) standard of 86 percent (Ministry of Health, 2022). Based on secondary data obtained from March to August 2023, there were 198 third trimester pregnant women in the Nurussalam Health Center working area. Of the 198 pregnant women, as many as 120 (60.6%) pregnant women complied with the K1-K4 Antenatal Care (ANC) visit according to the standard and there were 78 (39.4%) third trimester pregnant women who did not comply with the Antenatal Care (ANC) visit. In addition to health problems, the high number of cases of maternal mortality is also due

to the lack of women's empowerment, education level, local culture, economy, and lack of husband's attention to pregnant women. Maternal and infant mortality can be prevented if complications and risks experienced can be detected early, so that immediate treatment can be obtained. One of the treatments that can prevent the death of pregnant women is ANC (Antenatal Care) handling (Nainggolan, 2021). One of the efforts to accelerate the reduction in maternal mortality rate (MMR), infant mortality rate (IMR) and pregnancy problems in pregnant women is to carry out antenatal care. Antenatal Care (ANC) is a service provided to women during their pregnancy. Antenatal care is considered very important in ensuring that both the mother and the fetus will survive both during pregnancy and during labor.

METHODS

This type of research is analytic with survey research methods. This research collects information by compiling a list of questions asked to respondents in the form of a sample of a population. The purpose of survey research is to find the incidence, distribution and relationship between variables related to social phenomena. This study analyzes the factors that influence maternal compliance in the third trimester pregnancy examination. This study used a cross sectional design, namely the measurement of the dependent variable (maternal compliance in TMT III pregnancy check-ups) was observed or measured simultaneously with the independent variables of Education, Knowledge and Husband Support, at one specific time. The sample in this study were all pregnant women TMT III with a gestational age of 40 weeks, where the sample in this study used accidental sampling, namely the sampling technique based on chance, namely any patient who happened to meet the researcher.

RESULTS AND DISCUSSION

Individual Characteristics

Every individual has innate characteristics (heredity) and characteristics that are influenced by the environment. The individual characteristics seen in this study include age, education, occupation, and parity. The individual characteristics in this study can be seen in table 4.1.1 below

Table 1
Frequency Distribution of Individual Characteristics Based on Age,
Education, Occupation and Parity in the Working Area
Nurussalam Health Center

No	Characteristics	Total	Presentation (%)
1	Umur		
	<35 tahun	22	55
	≥35 tahun	18	45
	Total	40	100
2	Education		
	Elementary	2	5

	ool	5	30
	Senior high school	21	45
	university	12	20
	Total	40	100
3	Work		
	Housewife	17	42,5
	Government employees	12	30
	Self-employed	11	27,5
	Total	40	100
4	Paritas		
	Primipara (< 2)	20	50
	Mutipara (≥ 2)	8	20
	Grande Multipara (> 2)	12	30
	Jumlah	40	100

Table 2
Frequency Distribution of the Effect of Maternal Knowledge on TMT III Pregnancy Examination at the Puskesmas Nurussalam Health Center, East Aceh Regency

No	Maternal Knowledge	Pregnancy Checkup Compliance TMT III						Pvalue X ²
		Compliant		Non-compliant		F		
		F	%	F	%	N	%	
1	Good	11	61,1	7	38,9	18	100	0,014
2	Not so Good	5	22,7	17	77,3	22	100	
	Total	16		24		40		

The results of the Chi-Square (X²) test are Pvalue = 0.014 < α = 0.05, so H₀ is rejected, meaning that there is an influence between maternal knowledge on compliance with TMT III pregnancy checks at the Nurussalam Health Center, East Aceh Regency.

The results of this study are in line with research conducted by Maria Pricilia Grace Taolin, et al (2022) on Factors Affecting the Visit of Pregnant Women in conducting Antenatal Care at the Kupang City Health Center. The results showed that there was an influence on the level of knowledge of pregnant women on antenatal care visits with a value of p = 0.000 (p < 0.05). Respondents' compliance in ANC examination is also influenced by education possessed by pregnant women, socioeconomic status and parity. Mother pregnant women with higher education tend to be able to receive the information provided so as to increase their knowledge and information provided so that it can increase the knowledge possessed and can take a wiser and more obedient attitude to conduct pregnancy visits

Table 3

Frequency Distribution of the Effect of Husband Support on Compliance with TMT III Pregnancy Checkup at Nurussalam Health Center, East Aceh District

No	Husband Support	Pregnancy Checkup Compliance TMT III						Pvalue χ^2
		Support		Support		F		
		F	%	F	%	N	%	
1	Support	9	64,3	5	35,7	14	100	0,021
2	Not-Supportive	7	26,9	19	73,1	26	100	
Jumlah		16		24		40		

The results of the Chi-Square (χ^2) test are $Pvalue = 0.021 < \alpha = 0.05$, so H_0 is rejected, meaning that there is an influence between husband support on compliance with TMT III pregnancy checks at the Nurussalam Health Center, East Aceh Regency.

The results of this study are in line with Evi Holiday's research (2021) Factors Associated with Pregnancy Examination at the Keramasan Palembang Health Center in 2021. Chi-Square statistical test at the level of meaning $\alpha = 0.05$ obtained p value = 0.008 which means that there is a relationship between husband's support and pregnancy examination so that the hypothesis stating that there is a relationship between husband's support and pregnancy examination is statistically proven. The Odds Ratio result obtained a value of 5.571 which means that good husband support has a 5.571 times greater chance of adhering to pregnancy checks compared to less husband support.

The researcher assumes that the importance of ANC visits is not a top priority for most pregnant women. Non-compliance with scheduled ANC visits leads to unmonitoring of various obstetric complications that can endanger the life of the mother and fetus so that it can cause high morbidity and mortality. Many factors influence the health behavior of pregnant women in utilizing antenatal care, namely predisposing factors (age, education, occupation, parity, knowledge and attitudes), enabling factors (distance of residence, family income and information media facilities) and reinforcing factors (husband support, family support and health worker support). Integrated Antenatal Care is a comprehensive and quality service, which aims to fulfill the right of every pregnant woman to obtain quality antenatal care so that she is able to undergo a healthy pregnancy, deliver safely, and give birth to a healthy baby (Kemenkes RI, 2019). All pregnant women and their husbands/families are expected to participate in at least 1 meeting. To get integrated and comprehensive services according to standards at least 6 times during pregnancy.

CONCLUSION

1. There is an influence between maternal education on maternal compliance in conducting TMT III pregnancy checks at the Nurussalam Health Center, East Aceh Regency.
2. There is an influence between knowledge on maternal compliance in conducting TMT III pregnancy checks at the Nurussalam Health Center, East Aceh Regency.

3. There is an influence between husband's support on maternal compliance in conducting TMT III pregnancy checks at the Nurussalam Health Center, East Aceh Regency.

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APPENDIX

(if any)