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Analysis of Factors Influencing Pregnant Women in the Completeness of Antenatal Care Visits in The Work Area UPTD Puskesmas Drien Jalo

Ulfa Maqfirah [1], Razia Begum Suroyo [2], Mayang Wulan [3] Indah Anggraini [4] Jitasari Sibero[5]
[1,2,3]*Public Health Sciences Master's Study Program FKM Helvetia Health Institute*
*Correspondence author: *ulfamaqfirah0107@gmail.com*

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ABSTRACT
Antenatal care, or ANC, is the term for care connected to pregnancy for both the mother and the fetus. At present, there are around 305 maternal deaths for every 100,000 live births; most of these deaths occur in hospitals. Among other causes, 77% of women pass away there as a result of referrals. This study examines how expectant mothers complete prenatal care visits in 2023 in the Meukek District of the South Aceh Regency's Drien Jalo Health Center's UPTD Working Area. This type of study uses a combination of methodologies. The population of this study consisted of 112 respondents, of whom 53 were randomly chosen based on qualitative information obtained from 9 informants, using the Slovin algorithm. The variable results are included in the multivariate test because the P value is ≤ 0.25. Multivariate analysis results show significant values and Exp(B) variables are, Knowledge (0.015) Exp(B) (3.572), Education (0.001) Exp(B) (0.007), Attitude (0.018) Exp(B) (1.398), Parity (0.009) Exp(B) (1.786), Income (0.000) Exp(B) (0.008), Distance (0.001) Exp(B) (1.904), Maternal Health (0.005) Exp(B) (1.556), Support Health Officer (0.001) Exp(B) (2.387). From the results of in-depth interviews, it was found that there was an influence on the completeness of ANC visits on the factors of knowledge, education, attitude, parity, income, distance, maternal health and support from health workers. The study's findings indicate that the completion of antenatal care visits is influenced by a number of factors, including maternal health, parity, money, distance, knowledge, education, attitude, and assistance from healthcare professionals. With an Exp(B) value of 3.572, the knowledge factor is the most important factor influencing ANC tests in expectant mothers.

Keywords**:** *Knowledge, education, attitudes, parity, income, distance, maternal health, support from health workers and ANC checks*

INTRODUCTION

Maternal and child health issues are national issues that require urgent attention since they have a direct impact on the caliber of human resources for next generations. Babies in particular are particularly susceptible to illness and unhygienic living circumstances. As a result, several initiatives have been undertaken by different parties to enhance infant health, particularly in the perinatal stage (Change G. et al., 2021).

The Minimum Service Standards for the Health Sector, also known as SPM for the Health Sector, serve as a guide for regional governments in regencies and cities in delivering health services that are affordable for all citizens. Minimum Service Standards are rules governing the kind and caliber of essential services, which are mandated by the government and which each and every person must, at the very least, have access to (Kemenkes RI, 2014).

Based on an initial survey conducted on April 11 – June 11 2023 by researchers in the UPTD Working Area of Drien Jalo Health Center, Meukek District, South Aceh Regency, which was conducted by researchers by interviewing 10 pregnant women with a gestational age of >27 weeks, it was found that from 10 mothers pregnant, there were 6 mothers who did not carry out a complete pregnancy check-up, with details of 4 people having a pregnancy check-up twice and 2 people having their pregnancy checked once, this happened because pregnancy is a normal thing that every woman will encounter so there is no need special examinations are carried out, to carry out pregnancy checks from the start because they see that the mother is in good health. These pregnant women do not know the danger signs of pregnancy and the signs of labor and lack of information so that these mothers do not know when it is appropriate to have their pregnancy checked by a health worker. There were 4 pregnant women who were interviewed who stated that they had carried out complete pregnancy checks (visiting 1 and 4) during their pregnancy to carry out routine pregnancy checks and that health workers continued to remind mothers and their families to carry out health checks.

Data on pregnant women in the 1st trimester (one) who visited the UPTD Working Area of the Drien Jalo Health Center, Meukek District, South Aceh Regency in August - October 2022 was 102 people, while in November 2022-January 2023 it was found that only 81 pregnant women were entering the age of In the second trimester, 42 pregnant women carried out pregnancy check-up visits in August-October 2022, in this case they only made 1 (one) visit and did not make 2 (two) visits in November 2022 - January 2023.

In 2020, the World Health Organization (WHO) reported that while 67% of urban women in Africa are likely to receive prenatal care, over 80% of urban women in Asia Pacific, Eastern Europe, and Latin America and the Caribbean are likely to do so; disparities between the richest and poorest 20% of the population are greater in Africa and Asia Pacific than in Eastern Europe and LAC (Latin America and the Caribbean). In the Asia and Africa region, an estimated increase of more than 50% in coverage of early antenatal care visits from 2016 to 2020 was achieved in five regions: North Africa, West Asia, South Asia, developing regions, and Southeast Asia. The lowest estimated increases are in Latin America and the Caribbean (11.5%), developed regions (9.6%), and East Asia (9.5%) (Putri, 2021).

Based on 2022 Basic Health Research (Riskesdas) data, the proportion of pregnant women who had a pregnancy check-up was 95.4%, while those who did not have a check-up was 4.6%. The highest number of mothers who underwent examinations was in Bali, namely 99.6%, and the lowest in Papua, namely 71.7%. ANC K4 coverage in Indonesia was 70.4%. The highest coverage rate for 4 (four) ANC visits was in Bali, namely 90.3%, while the lowest 4 (four) ANC visits were in Papua at 56.3%. (Aryastami & Tarigan, 2011).

The process of human perceiving toward a certain object results in knowledge. All five of the human senses—sight, hearing, smell, taste, and skin—are involved in the act of perceiving. Knowledge is the foundation for action because, as it turns out, scientifically based conduct is more resilient than non-scientifically based behavior.

The two visits that make up antenatal care are Visit 1 (one), which is a summary of the number of pregnant women who have visited a health service facility for the first time, and Visit 4 (four), which is a summary of the number of pregnant women who have received services that are in line with service standards. specifically, a least of two medical examinations by a physician in the first and third trimesters, as well as a minimum of six examinations during pregnancy. Twice during the 0–12 week first trimester, once during the 12–26 week second trimester, and three times during the 24–40 week third trimester (Istiqomah, 2022).

Article 2 paragraph number 17 of the Republic of Indonesia Law of 2023 concerning health defines "health services" as any activity or set of activities given directly to people or the community with the goal of preserving and enhancing public health in the form of preventive, curative, rehabilitative, and/or palliative care. Individual health and socioeconomic status are

major determinants of the completeness of health visits. A person with poor health status will increase their use of health services. Knowledge of the factors that encourage individuals to use health services is key information for studying the comprehensiveness of health visits. Knowing the factors that influence the search for health services means also knowing the factors that influence utilization (Rini AS, 2015).

There are many factors that cause the low number of 4 (four) visits, including family income/economic status because the mother or family cannot afford to pay, lack of family support, not having a check-up if there are no pregnancy complaints, not having an ANC visit to check her pregnancy. Public awareness, especially pregnant women, of the importance of health checks is still lacking. With the economic situation becoming increasingly difficult and views that do not make the health of pregnant women and giving birth a priority basic need, people are increasingly less likely to visit midwives or other medical personnel to check their pregnancies. For some members of the community, the cost of examinations is a heavy burden as a result of which they choose not to have their pregnancies checked (Devi, 2016).

In addition, a person's conduct is correlated with their level of knowledge. Knowledge is human sensing, or the outcome of an individual's sensory perception of an item (eyes, nose, ears, and so on). The senses of hearing (through the ears) and sight (through the eyes) are where most people get their information. People who live in villages cannot always read knowledge about health care for pregnancy and childbirth from print media, moreover, public awareness of buying reading materials in the form of books or newspapers/magazines is still low. As a result, their knowledge about pregnancy health is low so they pay less attention to their pregnancy.

Antenatal care (ANC) is a type of service provided to pregnant women during pregnancy. Improving maternal health services currently has six priority activities, namely improving quality antenatal services, improving delivery assistance assisted by health workers in health facilities, improving prevention and treatment of maternal complications, improving the quality of family planning services, improving the quality of reproductive health, and strengthening maternal health programs. and reproduction (11). According to the above description, the researcher is interested in carrying out the study "Analysis of Factors that Influence Pregnant Women in the Completeness of Antenatal Care Visits in the UPTD Working Area of the Drien Jalo Health Center, Meukek District, South Aceh Regency in 2023.

METHODS

In order to gather more complete, valid, trustworthy, and objective data, this research employs a sort of combination research known as the "mixed method," which integrates quantitative and qualitative methodologies into a single research activity (12). In order to support the findings of the quantitative research conducted in the first stage, the mix method used in this study is the sequential model using an explanatory approach, with quantitative data and analysis in the first stage and data collection and qualitative data analysis in the second stage (13). This study used a qualitative methodology, gathering information on the UPTD Working Area of the Drien Jalo Health Center in the Meukek District of South Aceh Regency. In this study, the independent variables are knowledge, education, attitude, parity, income, distance to health services, mother's condition, and support from health workers, while the dependent variable is the completeness of health visits. Meanwhile, the quantitative approach is to look at the completeness of antenatal care health visits by pregnant women.

Utilizing a quantitative methodology, questionnaires were distributed to participants in order to analyze behavior that affects how comprehensive prenatal care visits are for expectant mothers. The goal of the qualitative approach—which involved conducting in-depth interviews with participants using an interview guide—was to learn more about the ways in which behavior affects how comprehensive antenatal care visits are for expectant mothers.

A population is a broad category of study participants with certain traits and attributes selected by research to be examined and conclusions made. 112 expectant women who had

prenatal care exams in the UPTD region of the Drien Jalo Health Center, Meukek District, South Aceh Regency, between March 2023 and May 2023 made up the study's population. The sample is the object being studied and is considered to represent the entire research population (14). Sampling techniques are carried out differently for quantitative and qualitative:

Quantitative Approach Sample

The sample consists of third trimester pregnant women with gestational ages more than 27 weeks who live in the working area of the UPTD Drien Jalo Health Center in Meukek District, South Aceh Regency. In this study, sampling was done using the Slovin formula, which is as follows:

$$n = \frac{N}{(N\ (d)^2+1)}$$

n = Number of samples

N = Total population

e = Error tolerance (error tolerance; significance level; For social and educational in general *0,1) –> (^2 = pangkat dua)*

Based on the formula above, the amount to be studied is

$$n = \frac{N}{(N\ (d)^2+1)}$$

$$n = \frac{112}{(112+(0,1)^2+1)}$$

$$n = \frac{112}{(112x0,01+1)}$$

$$n= \frac{112}{(1,12+1)}$$

$$n= \frac{112}{2,12}$$

n= 52,8 = 53 Respondent

Method of Collecting Data

Data Type

A data source is a location where certain techniques are used to gather data, which might include information from people, objects, or documents. Two categories can be used to categorize data sources:

Quantitative Data Collection Method

Primary data

Is research data obtained directly from original or first sources. This data is not available in compiled form or file form and sources must be sought for this data, namely the people we use as research objects or the people we use as a means of obtaining information or data in the field. One way to gather data from the research field is through field research, which involves visiting the research object firsthand to gather more specific information about the issue under study. The research population in this study consisted of moms and village midwives who provided data sources.

Secondary Data

The data used in this study that was not directly sourced is known as secondary data. Written materials including books, scientific journals, and papers from connected parties are employed as secondary data. The data source used in this research is a type of secondary data source, namely data obtained indirectly from the research object through intermediaries, such as other people or

documents from library sources. Literature is a source of data used to find a theoretical basis for the problem under study using existing literature, both from books, magazines, newspapers and the internet which are related to the topic of discussion of this thesis as theoretical basis material.

Qualitative Data Collection Techniques

Using interview guidelines, in-depth interviews with informants were conducted as part of the data gathering process. A recording device was used to capture the interview activities, and the verbatim results of the recording were transcribed.

Data collection technique

The data collection methods used in this research include the following:

Field Research

Field research is an activity to collect the necessary data related to the research topic, namely:

Observation

A technique for gathering data that involves watching an item directly for a certain amount of time. at order to gather the data required to carry out the research further, this study was conducted at the Drien Jalo Community Health Center UPTD working area. This study's observations were gathered through the use of a questionnaire to collect data.

Documentation

Activities to collect, compile and manage documents using accurate evidence from records of special information sources that can be accounted for and will later be useful in research.

Literature Research

Library research is a way to obtain data by reading or studying various literature and scientific writings related to the research object.

Data Collection Procedures

The data collection procedures carried out were:

The process of research activities after obtaining academic approval, then the researcher prepares a letter requesting permission to conduct research at the Drien Jalo Community Health Center UPTD. After obtaining permission, the researcher made an agreement with the potential respondents. Before the research is carried out, the researcher explains the research objectives. After understanding the research objectives, respondents were asked to sign a letter stating their willingness to become research respondents. Data is collected based on the results obtained from the questionnaire. Next, the data is recorded in the respondent's questionnaire. The recording results in the form of ordinal data are then processed into a computer program package.

Validity and Reliability Test

Validity Test

The validity test of the research instrument used is construct validity by knowing the total value of each item in the reliability analysis which is listed in the item's corrected correlation value. A question is said to be valid or meaningful as a data collection tool if the correlation of the calculated results (r-count) is greater than the critical correlation value (r-table), at a significance level of 90%. The validity test was carried out at the UPTD of the Peulumat Community Health Center. To make a decision whether the questionnaire was valid or not, which was tested on 15 respondents, an r product moment table was required with a significance level of 5% with the condition that r count> r table (0.514), then the question was declared valid or vice versa.

Operational Definition

A variable is defined operationally when it is given a meaning, activity, or an operation that is required to measure the variable. The following is the operational definition of this study:

To find out the knowledge of pregnant women in carrying out complete antenatal care visits. Good: If the respondent can answer the question correctly in percentage (>50%) with a total score (5-10). Poor: If the respondent can answer the question correctly the percentage (<50%) with a total score (0-4)

To find out the education of pregnant women in completing antenatal care visits. Low: if the respondent has elementary/middle school education. Medium: if the respondent has a high school education. High: if the respondent has a D III/S1 education

To find out the attitude of pregnant women in completing antenatal care visits. Good: If the respondent can answer the question correctly in percentage (>50%) with a total score (5-10). Poor: If the respondent can answer the question correctly the percentage (<50%) with a total score (0-4)

To find out the parity of pregnant women in completing antenatal care visits. Primipara: if the respondent has 1 child. Multipara: if the respondent has 2-5 children. Grande multipara: if the respondent has > 5 children

To find out the income of pregnant women when completing antenatal care visits. Low: if the respondent has an income < 2,000,000. High: if the respondent has an income > 3,000,000

To find out the distance between services for pregnant women in carrying out complete antenatal care visits. Far: If the respondent has a distance of > 4 KM. Medium: If the respondent has a distance of 1-4 KM. Near: If the respondent has a distance < 1

To find out the health of pregnant women in completing antenatal care visits. Good: If the respondent has no complaints. Less: If the respondent has any complaints

To find out the support of pregnant women's health workers in carrying out complete antenatal care visits. Good: if the respondent answers questions 3-5. Less: if the respondent answered questions 0-2 The completeness of antenatal care can be seen from K4 visits, namely at a gestational age of 37-40 weeks, antenatal care checks are carried out routinely at least 4 times during pregnancy and if the pregnant woman does not have her pregnancy checked regularly, namely < 4 times or does not comply with the standard visits, then the pregnant woman is categorized as incomplete in carrying out antenatal care examinations.

Measurement Method

The data for this research was taken using a questionnaire before the validity test was carried out on the questionnaire that would be used. After testing the validity and reliability of the questionnaire questions/statements until all statements/assertions are valid and reliable so that all statements/statements can be selected whether they can still be used or not in data collection.

Data Processing Methods

Data processing, according to Hasan (2006: 24), is the act of obtaining summary data or summary statistics by the use of certain techniques or algorithms. The goal of data processing is to transform measurement findings' raw data into more refined data that will guide future research. Because the SPSS (Statistical Product and Service Solution) program has quite strong statistical analysis capabilities and a data management system in a graphical environment with clear menus and straightforward dialog boxes, making it easy to use, it is used in this research's data processing technique. how it functions

Data analysis

According to Hasan (2006: 29), data analysis involves both estimating and forecasting

additional occurrences in addition to assessing the amount of the quantitative effect of one or more events on another or many events. Events can be described as variations in a variable's value. Examining every piece of data gathered from intervention outcomes and interview support is the first step in the data analysis process. The following tests will be employed:

Quantitative Analysis

Each variable from the study findings is subjected to univariate analysis using a frequency distribution to provide a picture of the variables under investigation and the frequency distribution of each independent and dependent variable. Bivariate analysis is carried out on two variables, namely the independent variable and the dependent variable. Bivariate analysis uses the chi-square test with a confidence level of 95% so that the relationship between research variables can be determined. The Chi-Square condition that must be met is that there are no cells with an observed value of zero (0) and cells that have an expected value of less than 5, a maximum of 20% of the total number of cells. If the 2×2 cross shows an expected value (Expected Count) of less than 5, more than 20% of the number of cells, then the hypothesis test used is an alternative test to the Chi-Square test, namely the Fisher test. And to find out the magnitude of the risk, Odd Ratio analysis is used.

Multivariate analysis aims to see the influence of the independent variables (namely knowledge, education, attitudes, parity, income, distance to health services, maternal health and support from health workers) on the dependent variable (completeness of antenatal care visits by pregnant women at the Drien Jalo Community Health Center UPTD Meukek District, South Aceh Regency) by carrying out a Logistic Regression test at a significance level of 95% which can be obtained from the results of the bivariate test which has a p value <0.25 which can be used as a variable that influences the completeness of antenatal care visits by pregnant women at the UPTD Drien Jalo Health Center, Meukek District, Meukek District. South Aceh. Then the related variables were entered into the multiple logistic regression model at a significance level > 0.25. From this multivariate test, it will be known which variable has the most dominant influence on the dependent variable.

The formula for the Multiple Logistic Regression Test is:

$$\ln\left(\frac{p}{1+p}\right) = a + b_1x_1 + b_2x_2 + \cdots\cdots\cdots + b_kx_k$$

Information :

Ln (p/(1-p) = logodd (logit). Natural logarithm of odds.

Odds = the ratio of the probability of an event to occur and the probability of an event not to occur

A = Constanta (*intersep*)

b_1 , b_2 , ... b_k = Predictor variable regression coefficient (*slope*)

X_1, X_2 ....X_k = Predictor variables whose influence will be studied.

P = the probability for the occurrence of an “event” from a dichotomous dependent variable

Analisa Data Hasil Penelitian Kualitatif

Qualitative data analysis includes:

Data Reduction

Reducing data necessitates intellect, breadth, and depth of understanding since it involves summarizing, choosing the key points, concentrating on what matters, and searching for themes and patterns. Researchers will find it easier to gather additional data and conduct searches for it if needed if there is less data. The objectives to be met will direct researchers as they reduce data.

Since the primary goal of qualitative research is to produce results, the investigator should focus on any unusual, unidentified, or lackluster discoveries while distilling the data.

Data Display (data presentation)

Short descriptions, narrative prose, charts, correlations between categories, and similar formats are used to show data. Data presentation is based on what is found in the field and developments in existing data. Researchers will test existing hypotheses whether they are developing or not. If the hypothesis formulated is always supported by data collected in the field, then the hypothesis is proven.

Conclusion Drawing/Verification

The preliminary findings are still provisional and subject to revision in the event that further compelling data is not obtained during the subsequent round of data gathering. On the other hand, the early conclusions are believable since they are backed by reliable and consistent evidence obtained by researchers collecting data in the field. The issue formulation that was first stated can be addressed by the results derived from qualitative research. Conclusions from qualitative research are novel and previously undiscovered information. Results may take the shape of a description or image of an item that was before unclear or dark but is now clear as a result of study; they may also take the form of a theory, hypothesis, or causal relationship. If the data presented is presented and supported by solid data, it can become a credible conclusion.

RESULTS & DISCUSSION

Quantitative Research Results

Univariate Analysis

Univariate analysis in this research will explain the frequency distribution of each research variable, namely Completeness of Antenatal Care Visits, knowledge, education, attitudes, parity, income, distance to health facilities, maternal health and support from health workers. Each variable from the research findings is described using data from univariate analysis. A frequency distribution table containing the gathered data is displayed as follows:

Completeness of Pregnant Women's Antenatal Care Visits

Table 4.1 shows the frequency distribution of respondents' evaluations of the comprehensiveness of prenatal care visits for expectant mothers in the Drien Jalo Health Center's UPTD work area in Meukek District, South Aceh. Regency.

No	Completeness of Antenatal Care Visits	Frequency	Percentage %
1	Not Completed	32	60,4
2	Complete	21	39,6
	Total	**53**	**100**

Based on table 4.1, it can be seen that from 53 respondents, respondents who did not complete the Antenatal Care Visit Completeness were 32 people (60.4%), and respondents who did complete the Antenatal Care Visit Completeness were 21 people (39.6%). So, the most common result was that respondents had incomplete Antenatal Care Visits.

Knowledge

Table 4.2. Frequency distribution of respondents' answers to the knowledge variable in the working area of the Drien Jalo Community Health Center UPTD, Meukek District, South Aceh Regency.

No	Question?	Answer					
		Wrong		Correct		Total	
			%		%		
1	In your opinion, what is the meaning of antenatal care?	8	2,8	5	47,2	53	100
2	According to the mother, what are the benefits of pregnancy checks?	5	66,0	8	34,0	53	100
3	According to the mother, during pregnancy pregnant women should have their pregnancy checked at least as many times as possible	5	66,0	8	34,0	53	100
4	According to the mother, what immunizations are given to pregnant women?	28	52,8	25	47,2	53	100
5	How many times do you think you should check your pregnancy?	28	52,8	25	47,2	53	100
6	In your opinion, when should you make your first visit for a pregnancy check-up?	30	56,6	23	43,4	53	100
7	In your opinion, who should do the pregnancy check-up?	34	64,2	19	35,8	53	100
8	According to the mother, what are the antenatal care services that the mother received during the pregnancy checkup below, except	35	66,0	18	34,0	53	100
9	According to you, what blood pressure should pregnant women be aware of?	35	66,0	18	34,0	53	100
10	According to you, how many blood supplement tablets are good for a pregnant woman to consume?	29	54,7	24	45,3	53	100

Table 4.2 revealed that the majority of respondents—35 individuals, or 66.0 percent—answered the question on the advantages of pregnancy screenings erroneously. This demonstrates that moms are ignorant of the significance and advantages of pregnancy tests.

Table 4.3 shows the frequency distribution of respondents' knowledge in the UPTD Drien Jalo Health Center's operational area in Meukek District, South Aceh Regency.

No	Knowledge	Frequency	Percentage %
1	Less	38	71,7
2	Good	15	28,3
	Total	**53**	**100**

Of the 53 respondents, Table 4.3 shows that 15 (28.3%) had excellent knowledge and 38 (71.7%) had inadequate knowledge. As a result, respondents' average level of awareness on the completeness of prenatal care visits is poor.

Education

Table 4.4. Distribution of education frequency among pregnant women (respondents) in the working area of the UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Education	Frequency	Percentasge %
1	Basic	29	54,7

2	Medium	16	30,2
3	High	8	15,1
	Total	**53**	**100**

Table 4.3 indicates that of the 53 respondents, 38 (71.7%) had inadequate knowledge, and 15 (28.3%) had high knowledge. Thus, the average degree of knowledge among respondents on the Completeness of Antenatal Care Visits is low.

Table 4.5. Distribution of education frequency among pregnant women (respondents) in the working area of the UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Question	Answer											
		STS		TS		RR		S		SS		Total	
		f	%	F	%	F	%	F	%	f	%	F	%
1	You only check your pregnancy if your stomach hurts	14	26,4	11	20,8	14	26,4	0	0	14	26,4	53	100
2	During a pregnancy check-up, the mother must get comprehensive maternal health results	14	26,4	4	7,5	8	15,1	15	28,3	12	22,6	53	100
3	Pregnant women really need to get TT injections for anti-tetanus	13	24,5	0	0	12	22,6	12	22,6	16	30,2	53	100
4	Every pregnant woman needs to take blood-boosting tablets	14	26,4	8	15,1	8	15,1	14	26,4	9	17,0	53	100
5	Pregnancy checks should be carried out even if the mother does not experience health problems	21	39,6	4	7,5	12	22,6	7	13,2	9	17,0	53	100
6	Mothers can have their pregnancy checked at hospitals, UPTD Community Health Centers, private midwife practices, and doctor's practices	18	34,0	4	7,5	7	13,2	11	20,8	13	24,5	53	100
7	Pregnant women can carry out pregnancy checks at health facilities such as homes	10	18,9	13	24,5	8	15,1	11	20,8	11	20,8	53	100
8	Checking for pregnancy has health benefits	16	30,2	4	7,5	8	15,1	14	26,4	11	20,8	53	100
9	Pregnant women must have their pregnancy checked at least 4 times during their pregnancy	18	34,0	7	13,2	0	0	3	5,7	25	47,2	53	100

10	Every pregnant woman needs to be checked	18	34,0	0	0	7	3,2	11	20,8	17	32,1	53	100

Based on table 4.5. showed that the majority of respondents, 21 people (39.6%) answered that they strongly disagreed with the statement "Pregnancy checks must be carried out even if the mother does not experience health problems". This shows that the average respondent has a lack of attitude or refuses that pregnancy checks need to be carried out even without significant indications of maternal health.

Table 4.6. Frequency distribution of respondents' attitudes in the working area of the UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Attitude	Frequency	Percentage %
1	Less	33	62,3
2	Good	20	37,7
	Total	**53**	**100**

Based on table 4.6, it can be seen that from the 53 respondents, the respondents who had poor attitudes were 33 (62.3%), while the respondents who had good attitudes were 20 (37.7%). So, the most frequent result is that respondents have a poor attitude regarding the completeness of Antenatal Care Visits.

Parity

Table 4.7. Frequency distribution of parity numbers among respondents in the working area of the Drien Jalo Health Center UPTD, Meukek District, South Aceh Regency.

No	Parity	Frequency	Percentage %
1	Primipara	29	54,7
2	Multiparous	19	35,9
3	Grande	5	9,4
	Total	**53**	**100**

Based on table 4.7, it can be seen that from 53 respondents, respondents who had primiparous parity were 29 (54.7%), while respondents who had a history of multiparous parity were 19 (35.9%) and respondents who had a history of grande parity were 5. (9.4%). So, the most common result is that respondents have a history of primiparous parity.

Income

Table 4.8. Frequency distribution of respondents' income in the UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Income	Frequency	Percentage %
1	Low	28	52,8
2	High	25	47,2
	Total	**53**	**100**

Based on table 4.8, it can be seen that from 53 respondents, respondents who had low income were 28 people (52.8%), while respondents who had high income were 25 people (47.2%). So the most common result is that respondents have low income.

Distance to health center

Table 4.9. Frequency distribution of distance between respondents and UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Distance	Frequency	Percentage %
1	Far	31	58,5
2	Medium	16	30,2
3	Nearby	6	11,3
	Total	**53**	**100**

Based on table 4.9, it can be seen that from 53 respondents, respondents who have a long distance from the Community Health Center are 31 (58.5%), while respondents who have a medium distance are 16 (30.2%) and respondents who have a short distance from There are 6 Community Health Centers (11.3%). So the most common result is that respondents are far from the UPTD Drien Jalo Health Center, Meukek District.

Health of pregnant women

Table 4.10. Distribution of health frequencies among pregnant women (respondents) in the working area of the UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Health	Frequency	Percentage %
1	Less	21	39,6
2	Good	32	60,4
	Total	**53**	**100**

Based on table 4.10, it can be seen that from 53 respondents, respondents who had good health were 32 people (60.4%), and respondents who had poor health were 21 people (39.6%). So the most common result is that respondents have good health or do not have serious complaints.

Health Worker Support

Table 4.11. Frequency distribution of respondents' answers to the health worker support variable in the UPTD work area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Question	Answer					
		Yes		No		Total	
			%	f	%	F	%
1	Do health workers serve mothers well when carrying out pregnancy checks?	25	47,2	28	52,8	53	100
2	Do health workers provide information about the importance of prenatal checks for mothers during pregnancy?	16	30,2	37	69,8	53	100
3	Do health workers give time to ask questions about the mother's complaints?	18	34,0	35	66,0	53	100
4	Is the mother informed by health workers about the routine prenatal visit schedule?	19	35,8	34	64,2	53	100
5	Do health workers advise mothers to complete pregnancy checks up to the fourth visit according to minimum standards?	22	41,5	31	58,5	53	100

Table 4.11 indicates that the majority of respondents, or 37 individuals, or 69.8%, indicated that they did not receive clear enough information from health workers regarding the significance of prenatal checks for mothers during pregnancy. This suggests that mothers do not typically receive enough information about the benefits of a complete Antenatal Care Visit for their own and their unborn children's health.

Table 4.12. Frequency distribution of support from health workers in the UPTD work area of Drien Jalo Health Center, Meukek District, South Aceh Regency.

No	Health Support	Frequency	Percentage %
1	Not Support	37	69,8
2	Support	16	30,2
	Total	**53**	**100**

Table 4.12 shows that, out of the 53 respondents, 37 (69.8%) did not receive help from health personnel, whereas 16 (30.2%) did. Thus, the most typical outcome is that respondents do not receive assistance from medical professionals.

Bivariate Analysis

The impact that respondents' knowledge had on the comprehensiveness of prenatal care visits at the Drien Jalo Health Center's UPTD working area in Meukek District, South Aceh Regency. The impact of respondents' knowledge on the comprehensiveness of prenatal care visits at the Drien Jalo Health Center's UPTD work area (Meukek District, South Aceh Regency) is shown in Table 4.13.

Knowledge	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	F	%	F	%	
Less	30	56,6	8	15,1	38	71,7	0,000
Good	2	3,8	13	24,5	15	28,3	
Total	32	60,4	21	39,6	53	100	

According to Table 4.13. According to the information above, 30 respondents (56.6%) did not finish the Antenatal Care Visit throughout their pregnancy out of the 38 respondents who lacked appropriate knowledge. Based on the statistical test findings, Chi - Square showed a significant value of p = 0.000 (<0.05), indicating a link between respondents' awareness of the comprehensiveness of Antenatal Care Visits throughout pregnancy.

The Influence of Education on the Completeness of Antenatal Care Visits in the UPTD working area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Table 4.14. The Influence of Education on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency.

Education	Visit Equipment Antenatal Care				Total		*P (Sig)*
	Not Complete		Complete				
	f	%	f	%	F	%	
Elementary school	26	49,1	3	5,7	29	54,8	0,000
Secondary school	6	11,3	10	18,8	16	30,1	
High School	0	0	8	15,1	8	15,1	
Total	32	60,4	21	39,6	53	100	

According to Table 4.14. According to the information above, 26 respondents (or 49.1%) did not complete all of the Antenatal Care Visits throughout their pregnancy out of the 29 respondents with a basic education level. The findings of the statistical tests indicate that there is a correlation between education level and the completeness of antenatal care visits throughout pregnancy, with Chi-Square obtaining a significant value of p = 0.000 (<0.05).

The Influence of Respondents' Attitudes on the Completeness of Antenatal Care Visits in the UPTD work area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Table 4.15. The Influence of Respondents' Attitudes and Behavior on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency.

Attitude	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	f	%	F	%	
Less Good	25	47,2	8	15,1	33	62,3	0,004
Good	7	13,2	13	24,5	20	37,7	
Total	32	60,4	21	39,6	53	100	

According to Table 4.15. The aforementioned indicates that 25 respondents (47.2%) did not finish the Completeness of Antenatal Care Visits throughout their pregnancy out of the 33 respondents who had negative sentiments regarding the completeness of antenatal care visits. It may be inferred from the statistical test findings that the mother's attitude about the completeness of antenatal care visits throughout pregnancy is related to the Chi-square significant value of p = 0.004 (<0.05).

The Effect of Parity on the Completeness of Antenatal Care Visits in the UPTD work area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Table 4.16. The Influence of Parity on the Completeness of Antenatal Care Visits in the UPTD working area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Parity	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Complete		Complete				
	f	%	f	%	F	%	
Primipara	9	17,0	20	37,7	29	54,7	0,000
Multiparous	18	34,0	1	1,9	19	35,9	
Grande	5	9,4	0	0	5	9,4	
Total	32	60,4	21	39,6	53	100	

According to Table 4.16. According to the information above, 20 respondents (or 37.7%) out of the 29 respondents who reported being primipara completed all of the Antenatal Care Visits during their pregnancy. The findings of the statistical tests indicate that there is a correlation between the parity status and the completion of antenatal care visits throughout pregnancy, with Chi - Square obtaining a significant value of p = 0.000 (<0.05).

The Influence of Income on the Completeness of Antenatal Care Visits in the UPTD working area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Table 4.17. The Influence of Respondents' Income on the Completeness of Antenatal Care Visits in the working area of the Drienjalo Community Health Center, Meukek District, South Aceh Regency.

Income	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	f	%	F	%	
Low	25	47,2	3	5,6	28	52,8	0,000
High	7	13,2	18	34,0	25	47,2	
Total	32	60,4	21	39,6	53	100	

According to Table 4.17. The information above demonstrates that out of the 28 respondents with low incomes, 25 respondents (47.2%) did not complete all of the Antenatal Care Visits during their pregnancies. The findings of the statistical tests indicate that there is a correlation between

income and the completeness of Antenatal Care Visits throughout pregnancy, with Chi-Square obtaining a significant value of p = 0.000 (<0.05).

The Influence of Distance on the Completeness of Antenatal Care Visits in the UPTD working area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Table 4.18. The Influence of Distance on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency.

Distance	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	f	%	F	%	
Far away	29	54,7	2	3,8	31	58,5	0,000
Normal	3	5,7	13	24,5	16	30,2	
Nearby	0	0	6	11,3	6	11,3	
Total	32	60,4	21	39,6	53	100	

According to Table 4.18. The information above demonstrates that 29 respondents (54.7%) did not finish the entire Antenatal Care Visit throughout their pregnancy out of the 31 respondents that had to travel considerable distances to the Drien Jalo Community Health Center UPTD. Based on the statistical test findings, Chi - Square showed a significant value of p = 0.000 (<0.05), indicating a link between the distance and completeness of prenatal care visits.

The Impact of Maternal Health on the Comprehensiveness of Antenatal Care Visits for Expectant Mothers in the UPTD Drien Jalo Health Center's Working Area, Meukek District, South Aceh Regency.

Table 4.19. The Influence of Maternal Health on the Completeness of Antenatal Care Visits in the UPTD working area of the Drien Jalo Health Center, Meukek District, South Aceh Regency.

Mother Health	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	f	%	F	%	
Less	4	7,5	17	32,1	21	39,6	0,000
Good	28	52,9	4	7,5	32	60,4	
Total	32	60,4	21	39,6	53	100	

According to Table 4.19. The information above demonstrates that, of the 32 respondents in excellent health, 28 (52.9%) did not complete the Antenatal Care Visit in its entirety when they were pregnant. It may be inferred from the statistical test findings that there is a link between mother health and the completeness of antenatal care visits throughout pregnancy, with Chi - Square obtaining a significant value of p = 0.000 (<0.05).

The Impact of Health Officer Assistance on the Accuracy of Antenatal Care Visits in the Drien Jalo Health Center's UPTD work area in Meukek District, South Aceh Regency

Table 4.20. The Influence of Health Officer Support on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency

Health worker support	Completeness of Antenatal Care Visits				Total		*P (Sig)*
	Not Completed		Completed				
	f	%	f	%	F	%	
Not Support	28	52,8	9	17,0	37	69,8	0,001

Support	4	7,5	12	22,7	16	30,2
Total	32	60,3	21	39,7	53	100

According to Table 4.20. The information above demonstrates that of the 37 respondents who did not get assistance from medical professionals, 28 respondents (52.8%) did not complete all of the Antenatal Care Visits throughout their pregnancy. Based on the outcomes of statistical testing, Chi-Square yielded a significant value of p = 0.001 (<0.05), indicating a correlation between the comprehensiveness of Antenatal Care Visits throughout pregnancy and the assistance provided by health workers.

Multivariate Analysis

Candidate Selection

The researcher will choose which independent variables to include in the multivariate test model in this phase. When utilizing the "Enter" technique of logistic regression, which involves doing logistic regression one by one between each independent variable and the dependent variable, the viable ones are those with a significant level (sig.) or Pvalue < 0.25.

Table 4.21. An examination of the variables influencing the comprehensiveness of prenatal care visits in the Drien Jalo Health Center's UPTD operating area in Meukek District, South Aceh Regency

No	Sub variable	P-value
1	Knowledge	0,000
2	Education	0,000
3	Attitude	0,004
4	Parity	0,000
5	Income	0,000
6	Distance of Health Service	0,000
7	Mother Health	0,000
8	Health Worker Support	0,001

The analysis's findings demonstrate that the variable's P value is, Understanding (0.000) Knowledge (0.000) Attitude (0.004) Parity (0.000) Revenue ($0.000) Distance in units of (0.000) Health of Mothers (0.000) Support for Health Workers (0.001). Given that the P value is less than 0.25, all variables are included in the multivariate test. Entering each variable that has been chosen as a candidate in the logistic regression is the next step.

Logistic Regression Test

The independent variables—Knowledge, Education, Attitude, Parity, Income, Distance, Maternal Health, and Support from Health Workers—that had all been determined to have sig ≤0.25 in bivariate analysis were all assessed in the first step of logistic regression. The following table displays the variable analysis findings utilizing the first step of the logistic regression test:

Table 4.22 presents an analysis of the factors influencing the completeness of antenatal care visits in the Drien Jalo Health Center's UPTD operational area located in Meukek District, South Aceh Regency.

No	Research Variable	*Df*	*Sig.*	*Exp(B)*
1	Knowledge	1	0,015	3,572
2	Education	2	0,001	0,007
3	Attitude	1	0,018	1,398
4	Parity	1	0,009	1,786
5	Income	1	0,000	0,008
6	Distance	1	0,001	1,904
7	Mother Health	1	0,005	1,556
8	Health worker support	1	0,001	2,387

No	Research Variable	*Df*	*Sig.*	*Exp(B)*
	Constant	**1**	**0.001**	**317,880**

Because every variable has a sig value less than 0.05, the study analysis results demonstrate that every variable has an impact on Antenatal Care visits. Nonetheless, it is evident from all the factors that, in the UPTD operating area of the Drien Jalo Health Center, Meukek District, South Aceh Regency, knowledge has the greatest effect (dominant) on the completion of Antenatal Care Visits for expectant mothers. The knowledge factor, which has an Exp(B) or Odd Ratio value of 3.572 and a Sig value of 0.015, demonstrates this.

Qualitative Research Results

Matrix of interview results with informants (pregnant women) regarding pregnant women's knowledge of the completeness of antenatal care visits.

Based on the interview results in table 4.23. It can be seen that the knowledge of informants 1, 2, 3, 4, 5 and 6 is quite poor in knowing the meaning of pregnancy checks, the benefits of pregnancy checks and how many times pregnancy checks should be done. However, informants 1, 2, 3, 4, 5 and 6 were quite good at knowing where they could get services in the form of pregnancy checks.

Matrix of Interview Results with Informants (pregnant women) regarding Completeness of Antenatal Care Visits.

Based on the interview results in table 4.24. It can be seen that informant 1 did not want to have her pregnancy checked because she felt that there were no health complaints during her pregnancy, and also did not know what the purpose of the pregnancy check was. Informant 2 did not carry out a pregnancy check-up because he had a small child who could not be left behind plus the mother's lack of knowledge about the purpose of a pregnancy check-up. Informant 3 admitted that he did not have a pregnancy check because he did not have time due to working outside the home (gardening) so he did not have time to go to the posyandu and the mother also did not know the purpose of the pregnancy check. Informant 4 felt that a pregnancy check at the beginning of pregnancy was enough, the mother also did not understand the purpose of the pregnancy check. Informant 5 did not want to have a pregnancy check-up because he was embarrassed by his old age and the mother did not understand the purpose of the pregnancy check-up. Informant 6 admitted that he did not want to have a pregnancy check because he was busy and the mother also did not know the real purpose of the pregnancy check.

Matrix of interview results with informants (pregnant women) regarding distance to Drien Jalo Health Center, Meukek District.

Based on the interview results in table 4.25. It can be seen that informants 1, 2, 3, 4, 5 and 6 both admitted that the distance to the health center seemed far and a motorbike was needed as a vehicle to get to the health center and this was an obstacle for mothers in carrying out pregnancy checks.

Matrix of interview results with informants (pregnant women) regarding support from health workers.

Based on the interview results in table 4.26. It can be seen that informant 1 found it easy to understand the health worker's delivery, he also admitted that the health worker was skilled and he also believed in the information conveyed. Informant 2 admitted that it was difficult to understand the delivery of health workers, they also did not really understand whether the staff were skilled or not and they also had doubts about what their midwives conveyed. Informant 3 admitted that it was difficult to understand what the health workers were saying, but the mother admitted that the midwife was skilled and she believed in what the midwife said. Informant 4 found it difficult to understand what the health workers said, also did not understand whether the health workers were skilled or not, and admitted that he often believed in what the health workers

said. Informants 5 and 6 also admitted that it was difficult to understand the information conveyed by health workers, but they trusted their health workers and considered the health workers to be skilled.

Matrix of interview results with informants (midwives) regarding knowledge, perceptions, counselling and home visits

Based on the interview results in table 4.27. It can be seen that informant 1 and informant 2 admitted that they had completed pregnancy checks on mothers in accordance with the SOP for midwifery services. Based on the interview results in table 4.28. It can be seen that informant 1 and informant 2 admitted that the reason the mother did not want to check her pregnancy was because of a lack of understanding about the importance of complete Antenatal Care Visits and what the benefits were for her and her baby, plus the mother's busy schedule which made the mother reluctant to have her pregnancy checked. Based on the interview results in table 4.29. It can be seen that informant 1 and informant 2 admitted that information about the importance of complete Antenatal Care Visits had been provided at the posyandu, but pregnant women rarely visited the posyandu. Based on the interview results in table 4.30. It can be seen that informant 1 and informant 2 admitted that they did not visit residents' homes to carry out pregnancy checks, unless the mother had certain indications, because the midwife admitted that for routine pregnancy checks mothers should be able to take advantage of the posyandu which is held once a month.

Matrix of Interview Results with Informants (head of community health center)

Based on the interview results in table 4.31. It can be seen that the head of the community health center admitted that to facilitate complete Antenatal Care visits for pregnant women, a routine posyandu was held once a month, plus counseling and counseling provided by village midwives to pregnant women, the facilities and infrastructure at the UPTD Drien Jalo Community Health Center were also complete and supportive for examinations. ANC in full. The Head of the Community Health Center also admitted that several innovations would be carried out to increase the coverage of Complete Antenatal Care Visits for Pregnant Women and for ANC 6 times as recommended by the government it would also be realized in 2024 with various supporting innovations in an effort to increase the coverage of Complete Antenatal Care Visits.

The impact of knowledge on the thoroughness of prenatal care visits at the Drien Jalo Health Center's UPTD work area in the Meukek District of South Aceh Regency.

The quantitative research's findings indicate that the variables pertaining to the respondent's degree of knowledge have an impact on how comprehensive the prenatal care visits are. Ratna Zahara's (2020) study, "Factors that Influence the Frequency of Completeness of Antenatal Care Visits for pregnant women at the Bandar Khalifah Community Health Center, Percutsei Tuan District, Deli Serdang Regency 2020," is consistent with the findings of this study. The p value for the variable was derived from the outcomes of the statistical test. understanding of 0.011. This indicates that the Ha 1 hypothesis is accepted and the p value is less than 0.05. This demonstrates the correlation between knowledge and the frequency of thorough prenatal care visits at the Bandar Khalifah Community Health Center in the Deli Serdang Regency's Percutsei Tuan District. (47)

An individual's first drive to behave can be attributed to their knowledge. But behavioral changes are not necessarily the result of knowledge changes. In Notoatmodjo, Lawrence Green asserts that one of the predisposing variables in determining an individual's conduct is knowledge. A person's behaviors, or overt conduct, are greatly influenced by their knowledge, which also has a significant impact on their views.

The knowledge that the mother has has an influence on pregnancy check-ups (15).

The Impact of Education on the Comprehensiveness of Prenatal Care Visits at the Drien Jalo Health Center's UPTD working area, Meukek District, South Aceh Regency

The completeness of Antenatal Care Visits throughout pregnancy is influenced by the educational attainment of the expectant mother, according to the findings of quantitative study. The completeness of prenatal care visits is influenced by the respondents' educational level characteristics, according to the findings of qualitative research.

Ratna Zahara's (2020) study, "Factors that Influence the Frequency of Completeness of Antenatal Care Visits for pregnant women at the Bandar Khalifah Community Health Center, Percutsei Tuan District, Deli Serdang Regency 2020," is consistent with the findings of this study. The p value for the variable was derived from the outcomes of the statistical test. The education level is 0.018. This indicates that the hypothesis Ha1 is accepted and the p value is less than 0.05. This indicates that in the Bandar Khalifah Community Health Center in the Percutsei Tuan District of the Deli Serdang Regency, there is a correlation between education and the frequency of full antenatal care visits (47).

The impact of attitudes on the thoroughness of prenatal care visits at the Drien Jalo Health Center's UPTD working area in Meukek District, South Aceh Regency

It may be inferred from the quantitative research results that respondents' perceptions of how comprehensive antenatal care visits are throughout pregnancy have an impact. The findings of qualitative research indicate that respondents' attitude factors about the comprehensiveness of prenatal care visits are related. Research by Cutfi Darma (2020), titled The Influence of Knowledge and Attitudes of Pregnant Women with the Implementation of Complete Antenatal Care Visits at the Yulidin Away Tapak Tuan Regional Hospital, South Aceh Regency in 2020, is consistent with the findings of this study. According to the study's findings, a mother's opinions have a direct impact on how much breast milk she produces. (46)

An individual's closed reaction to a certain stimulus or item is their attitude, which already takes into account their financial situation and emotional state. According to social psychologist Nowcom, attitude is not the application of specific motivations but rather a readiness or inclination to act. One of the things that greatly affects a person's conduct is their attitude. It is believed that a person's positive attitude about something will result in beneficial behavioral changes. Positive adjustments in behavior are feasible with the right information, instruction, and mindset.

The Impact of Parity on the Comprehensiveness of Prenatal Care Visits at the Drien Jalo Health Center's UPTD working area, Meukek District, South Aceh Regency

The completeness of Antenatal Care Visits throughout pregnancy is influenced by parity status, according to the findings of quantitative study. The completeness of antenatal care visits is influenced by the respondents' parity level characteristics, according to the findings of qualitative research. Ratna Zahara's (2020) study, "Factors that Influence the Frequency of Completeness of Antenatal Care Visits for pregnant women at the Bandar Khalifah Community Health Center, Percutsei Tuan District, Deli Serdang Regency 2020," is consistent with the findings of this study. The p value for the variable was derived from the outcomes of the statistical test. parity of 0.005. This means that the p value <0.05 and the hypothesis Ha1 is accepted. This shows that there is a parity relationship with the completeness of Antenatal Care Visits at the Bandar Khalifah Community Health Center, Percutsei Tuan District, Deli Serdang Regency. (47)

Parity refers to the total number of live and stillbirths a mother has given birth to. Researchers have focused a lot of emphasis on the parity level in connection to the mother's and child's health. There is a belief that moms with low parity tend to have better health than mothers with high parity, and that there is a correlation between specific disorders and parity (16).

Due to their lack of prior pregnancy experience, primigravida pregnant women would rather always have a pleasant and healthy pregnancy. As a result, they always take care of their pregnancy to ensure that it is safe and comfortable throughout and after delivery. Pregnant women with fewer children tend to be better at checking their pregnancies than pregnant women with more children (17).

The impact of income on the comprehensiveness of prenatal care visits at the Drien Jalo Health Center's UPTD working area in Meukek District, South Aceh Regency

The completeness of antenatal care visits during pregnancy is influenced by the financial position of the pregnant woman, according to the findings of quantitative study. The completeness of antenatal care visits is influenced by the respondent's economic variable, according to the findings of qualitative study. Research by Zulfia Samiun (2019), titled Factors that Influence the Completeness of Antenatal Care Visits at the Tamalanrea Makassar Community Health Center, is consistent with the findings of this study. The bivariate test findings showed that p = 0.014 was higher than Î± = 0.05, indicating a strong correlation between the mother's work and the thoroughness of antenatal care visits (48).

Income has an influence because mothers who have less income tend to have jobs which will influence respondents in terms of the respondent's availability of free time to visit health services in connection with pregnancy checks. Housewives tend to have more free time than working mothers (18). Pregnant women who work with high and busy activities prefer to prioritize their careers rather than their own health, so it is difficult to comply with ANC visits compared to housewives who have more free time to be able to organize and schedule ANC visits optimally (19).

The Influence of Distance on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency

Based on the findings of quantitative study, it is possible to draw the conclusion that distance affects how comprehensive prenatal care visits are. The completeness of antenatal care visits is influenced by the respondent's distance variable, according to the findings of qualitative study. This study is consistent with that conducted in 2020 by Syahri, Nova Liya, titled The Relationship between Antenatal Care Visit Successful Completeness for Pregnant Women at Independent Practicing Midwives in Helvetia Village, Labuhan Deli District and Distance to Health Facilities and Covid. There is a correlation between the success of completing prenatal care visits and the distance to a health facility, as indicated by the statistical test findings, where the distance variable has a value of p=0.049. (49)

The distance to health care locations is crucial. One of the elements that influences health behavior, according to Lawrence Green, is the accessibility and cost of health resources. The capacity to receive health services and the ability to obtain them are connected to equal access to health care. The degree to which accessible health services are utilized will depend on these disparities in ability and how equally they are dispersed regionally (15).

The Influence of Maternal Health Conditions on the Completeness of Antenatal Care Visits in the UPTD working area of Drien Jalo Health Center, Meukek District, South Aceh Regency

The findings of quantitative study indicate that there is a relationship between the comprehensiveness of prenatal care visits and mother health. The completeness of antenatal care visits is influenced by characteristics related to the health of the mother, according to the findings of qualitative study.

The study's findings are consistent with those of Anggrenie, Singah's (2017) investigation into the relationship between the quality of antenatal care visits and maternal health status in the Tewang Pajangan Community Health Center's working area in Gunung Mas Regency, Central Kalimantan. Maternal age and Completeness of Antenatal Care Visits are related, according to research findings from a chi-square analysis of the relationship between maternal health and completeness of antenatal care visits. The p value = 0.005 was less than alpha (0.05). (50)

Whether or whether the condition (complaint) is typical, condition refers to the mother's overall perception of her health. Typical concerns, such changes in body form, are not hazardous during pregnancy. Complaints or dangerous conditions such as bleeding, whether a little or a lot,

swelling in the legs that does not go away after resting, accompanied by headaches, nausea and heartburn, discharge of amniotic fluid before the pregnancy is full term, the fetus does not move or rarely does it every day and night and weight does not increase. even down (20).

The Impact of Health Officer Assistance on the Comprehensiveness of Antenatal Care Visits in the Drien Jalo Health Center's UPTD operational area, Meukek District, South Aceh Regency

The completeness of Antenatal Care Visits throughout pregnancy is influenced by the assistance provided by healthcare providers, according to the findings of quantitative study. The completeness of antenatal care visits is influenced by the characteristics of health professional support, according to the findings of qualitative research.

The study by Ngongo, Dignaviana (2020), titled "Relationship between support from health workers and the completeness of Antenatal Care Visits at the Dau Malang Community Health Center," is consistent with the findings of this investigation. The results of the study used the Fisher exact test (P<0.05) with a p value of: 0.008, so that it can be proven that support from health workers influences the completeness of Antenatal Care Visits for pregnant women. (45)

Support is providing something to meet another person's needs. Support can also be interpreted as providing encouragement/motivation or encouragement and advice to other people in decision-making situations. Health workers are the first and main people in giving encouragement to pregnant women before other parties also provide encouragement, support and attention from a health worker to pregnant women who are pregnant which will have an impact on the mother's knowledge, which will increase because of the trust of pregnant women in health workers. because they assume that health workers must be experts in the field of health so mothers will tend to obey what health workers say. (21).

CONCLUSION

The following conclusions can be made by researchers based on the findings of their research:

Quantitative Conclusion

Knowledge has an impact on how thorough antenatal care visits are for expectant mothers. Education has an impact on how thorough antenatal care visits are for expectant mothers. Attitudes on the comprehensiveness of prenatal care visits for expectant mothers are influenced. Parity has an impact on how comprehensive prenatal care visits are for expectant mothers. The comprehensiveness of Antenatal Care Visits for expectant mothers is impacted by poverty. The comprehensiveness of Antenatal Care Visits for expectant mothers is impacted by the distance. Antenatal care visits for expectant mothers are incomplete in part because of the mother's health. There is an influence of support from health workers on the completeness of Antenatal Care Visits for pregnant women. The variable that has the most dominant influence on the completeness of antenatal care visits is the knowledge factor.

Qualitative Conclusion

Pregnant women at the Drien Jalo Community Health Center have very little knowledge about complete pregnancy checks, both the benefits, the purpose of the pregnancy check itself and the number of times a pregnancy check should be carried out. Distance is also an obstacle felt by pregnant women in trying to get their pregnancy checked at the health center. Working mothers also often do not participate in posyandu activities in the village so that pregnant women do not receive complete information from health workers, which leads to incomplete pregnancy checks.

The midwives at the Drien Jalo Community Health Center UPTD have carried out complete ANC examinations according to the SOP for pregnant women who visit the community health center or posyandu, but the midwives have never visited pregnant women who do not visit the community health center or posyandu directly to the pregnant mother's home to check her pregnancy. And midwives have never held counseling or health services directly regarding

examinations of pregnant women for couples of childbearing age as an effort to increase knowledge among the public. The head of the Drien Jalo community health center has determined that posyandu activities will be held once a month with one of the agendas being the provision of complete information about ANC examinations which must be conveyed to the community, however, house visits for pregnant women have not been carried out and there have been 6 ANC visits. has not yet been implemented at the Drien Jalo health center, for 2023 ANC visits 4 times are still being implemented.

Recommendations

Based on the presentation of the results, discussion and conclusions, the researcher will provide several suggestions, as follows:

For UPTD Drien Jalo Health Center, Meukek District, South Aceh Regency

With the goal of increasing the implementation of complete antenatal care visits for pregnant women, it is hoped that this research will serve as a guide for bettering health services, particularly with regard to implementing these visits and conducting cross-sector discussions with officials, village leaders, and community members.

For Pregnant Women, Village Midwives, Institute and Future Research

It is hoped that pregnant women will always take part in posyandu activities held by health workers, visit health facilities if problems occur during pregnancy, and diligently ask village midwives or other health workers about pregnancy health. And it is hoped that pregnant women can regularly complete antenatal care visits according to the schedule provided by health workers. It is planned that village midwives would host educational events more frequently to raise awareness of the value of finishing antenatal care appointments. These events might include home visits for pregnant women as needed, as well as poster creation and distribution of all health information to the community and expectant mothers. This is one of the efforts to develop knowledge, especially in public health science, in studying the provision of ANC services to pregnant women. can be utilized as foundational research data. It is recommended that future studies expand on the association between the completeness of antenatal care visits for pregnant women by incorporating occupational characteristics and community culture.

REFERENCES

1. Change G, Cimino M, York N, Alifah U, Mayssara A. Abo Hassanin Supervised A, Chinatown Y, et al. Analisis Faktor Yang Berhubungan Dengan Kejadian Sepsis Neonatorum Di Ruang Perinatologi RSUD DR. H. Abdul Moeloek Provinsi Lampung. Pap Knowl Towar a Media Hist Doc. 2021;3(2):6.
2. Kementerian Kesehatan RI. Peraturan Menteri Kesehatan RI No.43 Tahun 2014 tentang Standar Pelayanan Minimal Bidang Kesehatan. 31 Agustus 2014. 2014;79.
3. Putri ES. Hubungan Pengetahuan Ibu Hamil Dengan Pelasanaan Kunjungan Di Klinik Alisa Medan Periode Maret – Juni 2021. 2021;(130):18–23.
4. Peneliti T. Strategi Penurunan Kematian Ibu Dan Anak. Badan Perenc Pembang Drh Provinsi Banten [Internet]. 2019;53(9):1–7. Available from: https://bappeda.bantenprov.go.id/lama/upload/PPID/KAJIAN/2019/STRATEGI/PENURUNAN KEMATIAN-IBU-DAN-ANAK.pdf
5. Aryastami NK, Tarigan IU. Perilaku Ibu Hamil Dalam Memeriksakan Kehamilan Trimester Pertama Di Puskesmas Pasanggrahan, Jakarta Selatan. :11–9.
6. Istiqomah AN. Hubungan Persepsi Ibu Hamil Dengan Perilaku Pemeriksaan Antenatal Care Selama Masa Pandemi Covid-19 Di Kota Depok Tahun 2022. 2022;
7. Rini AS. Pemanfaatan Pelayanan Kesehatan pada Peserta jaminan kesehatan Masyarakat. J Agromed Unila. 2015;2(2):128–34.

8. Penyusun TIM, Syafrida E, Kes M. Profil Kesehatan Aceh Tahun 2017. 2017;
9. Masturoh, Pamuji SEB, Siswati. Path Analisis : Tiga Keterlambatan Penyebab Kematian Maternal Di Kabupaten Brebes. Pena Med J Kesehat [Internet]. 2015;8(1):1–8. Available from: http://jurnal.unikal.ac.id/index.php/medika/article/view/744/580
10. Devi Julia Siagian, Ramalida Daulay SD. Asuhan Kebidanan Pada Ibu Hamil Dengan Resiko Tinggi Grande Multigravida Di Puskesmas Pekauman Banjarmasin. J Ilm Kesehat. 2016;
11. Kurniawati E. Evaluasi Pelaksanaan 11t Dalam Pelayanan Antenatal Oleh Bidan Di Puskesmas Singkawang Tengah Kota Singkawang Tahun 2012. 2012;
12. Rahmat PS. Metode Penelitian Kualitatif [Internet]. Vol. 5 No. 9, Journal Equilibrium. 2009. p. 1–8. Available from: https://yusuf.staff.ub.ac.id/files/2012/11/Jurnal-Penelitian-Kualitatif.pdf
13. Mustaqim. Metode Penelitian Gabungan Kuantitatif Kualitatif / Mixed Methods Suatu Pendekatan Alternatif. J Intelegensia [Internet]. 2016;04(1):1–9. Available from: https://ejournal.unisnu.ac.id/JI/article/view/1351
14. Amin NF, Garancang S, Abunawas K. Konsep Umum Populasi dan Sampel dalam Penelitian. J Pilar. 2023;14(1):15–31.
15. Notoatmodjo S. Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta; 2010.
16. Manuaba IBG. Ilmu Kebidanan Penyakit Kandungan dan KB. Jakarta: EGC; 2010.
17. Winkjosastro H. Ilmu Kebidanan. Jakarta: Yayasan Bina Pustaka; 2005.
18. Notoatmodjo S. Promosi Kesehatan dan Perilaku Kesehatan (Edisi Revisi 2012). Jakarta: Rineka Cipta; 2012.
19. Marullyta A. Keputusan Pembelian K4 Oleh Ibu Hamil Di Wilayah Kerja Puskesmas Tembok Dukuh. Universitas Airlangga; 2013.
20. Dwi Agustina. Efektifitas Prenatal Gentle Yoga dan Senam Hamil terhadap Proses Persalinan Literatur Review. J Kebidanan. 2020;5.
21. Mulyanto AD. Faktor-faktor yang Berhubungan Dengan Perilaku Ibu Hamil Dalam Melakukan Kunjungan Antenatal Care. 2015