ANTENATAL CARE VISIT COMPLIANCE
IN THE TANJUNG BERLIAN HEALTH CENTER WORK AREA

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ABSTRACT

Background : Non-compliance in prenatal care can cause the mother's complications to be unrecognized which may affect pregnancy or pregnancy complications so that they cannot be resolved immediately. Detection during antenatal care is very helpful in preparation for risk control (Manuaba, 2007). Moreover, pregnant women who do not perform antenatal care, it will not be known whether the pregnancy is going well or experiencing high risk conditions and obstetric complications that can endanger the life of the mother and her fetus. And it can cause high morbidity and mortality (Prawiroharjo, 2008). One of the factors that influence the high maternal mortality rate is the attitude and behavior of the mother herself during pregnancy and is supported by the mother's knowledge of her pregnancy. Some of the factors behind the risk of maternal death are the lack of community participation due to the low level of maternal education, low family economic capacity, and unsupportive socio-cultural position. If taken further, some of these unsupportive behaviors can also carry risks. Other factors such as maternal age at pregnancy and childbirth, mothers who are too young (less than 20 years) and too old (over 35 years), frequency of births having given birth four times or more and spacing between births or deliveries of less than 24 months, including groups that are at high risk and increase the chance of maternal death are getting bigger (Erina, 2012). Research Objectives Knowing the Compliance of Antenatal Care Visits in the Tanjung Berlian Public Health Center.

Method :This research uses descriptive study. The population used in this study were all pregnant women in the 3rd trimester in the Tanjung Berlian Public Health Center, totaling 206 people. The sampling method was taken using purposive sampling technique, which is purposive sampling in accordance with the required sample requirements / criteria

Result : It is known that there are many respondents who obey antenatal care visits, as many as 49 respondents (73.1%) of 67 respondents

Conclusion : It is known that most of the respondents studied had compliance with ANC visits

Keywords: Compliance, Visits, Antenatal Care

PRELIMINARY

Today, every minute of every day, a mother dies due to complications related to pregnancy, childbirth and the puerperium. According to a 2014 World Health Organization (WHO) report, the world's maternal mortality rate is estimated at 289,000. The maternal mortality rate in Southeast Asian countries, namely Indonesia is 214 per 100,000 live births. Maternal mortality according to the World Health

Organization (WHO) is death during pregnancy or within a period of 42 days after delivery due to all causes related to or aggravated by pregnancy or its handling, but not due to an accident / injury. According to WHO in 2014, the direct cause of death was known as the Classic Triassic, namely bleeding (28%), eclampsia (24%) and infection (11%). Meanwhile, indirect causes include pregnant women suffering from diseases or other complications that pre-pregnancy, such as

hypertension, heart disease, diabetes, hepatitis, anemia, and malaria.

The indicator of the degree of health and community welfare is to reduce maternal and perinatal mortality rates. In Indonesia, the maternal and perinatal mortality rates are still high. Based on the 2012 Indonesian Demographic and Health Survey (IDHS), the maternal mortality rate in Indonesia is still high at 359 per 100,000 live births. Based on data from the Ministry of Health, the Maternal Mortality Rate (MMR) is 305 / 100,000 live births (Ministry of Health, 2016). Based on data from the Karimun District Health Office, the Maternal Mortality Rate (MMR) is obtained, namely 12 / 100,000 live births (Profile of the Karimun District Health Office). These causes can actually be prevented with adequate antenatal care (Manuaba, 2007).

The Ministry of Health's policy in accelerating the reduction of the Maternal Mortality Rate (MMR) basically refers to the strategic intervention "Four Pillars of Safe Mother Hood", namely; 1) Family planning, 2) Antenatal care services, 3) Safe delivery, 4) Essential obstetric services. The second pillar is antenatal care, which primarily aims at preventing obstetric complications and ensuring that complications are detected as early as possible and handled adequately (Verawati, 2009).

Antenatal Care (ANC) is an effort to prevent early pregnancy risk factors. According to the World Health Organization (WHO) Antenatal care to detect early on the high risk of pregnancy and childbirth can also reduce maternal mortality and monitor the condition of the fetus. Ideally, if every pregnant woman wants to have her pregnancy checked, it aims to detect abnormalities that may or may arise in the pregnancy, quickly identify it, and can immediately be overcome before it has an adverse effect on the pregnancy by carrying out antenatal care examinations (Winkjosastro, 2006).

To improve maternal health status, puskesmas and their networks as well as referral hospitals organize various maternal health efforts, both promotive, preventive, curative and rehabilitative in nature. These efforts are in the form of health services for pregnant women, assistance for delivery by health personnel, handling of complications, counseling services for family planning and reproductive health. Every pregnant woman is expected to be able to carry out her pregnancy healthily, give birth safely and give birth to a healthy baby. Therefore, every pregnant woman must be able to easily access health facilities to get services according to standards, including the detection of possible problems / diseases that can have a negative impact on the health of the mother and her fetus (Kemenkes RI, Directorate General of Nutrition and KIA 2015).

Non-compliance in prenatal care can cause the mother's complications to be unrecognized that can affect pregnancy or pregnancy complications so that they cannot be resolved immediately. Detection during antenatal care is very helpful in preparation for risk control (Manuaba, 2007). Moreover, pregnant women who do not perform antenatal care, it will not be known whether the pregnancy is going well or experiencing high risk conditions and obstetric complications that can endanger the life of the mother and her fetus. And it can cause high morbidity and mortality (Prawiroharjo, 2008). One of the factors that influence the high maternal mortality rate is the attitude and behavior of the mother herself during pregnancy and is supported by the mother's knowledge of her pregnancy. Some of the factors behind the risk of maternal death are the lack of community participation due to the low level of maternal education, low family economic capacity, and unsupportive socio-cultural position. If taken further, some of these unsupportive behaviors can also carry risks. Other factors such as maternal age at pregnancy and childbirth, mothers who are too young (less than 20 years) and too old (over 35 years), frequency of births having given birth four times or more and spacing between births or deliveries of less than 24 months, including groups that are at high risk and increase the chance of maternal death are getting bigger (Erina, 2012).

If a pregnant woman has more knowledge about the high risk of pregnancy, it is likely that the mother will think about determining attitudes, behaviors to prevent, avoid or overcome the problem of pregnancy risk. And mothers have the awareness to make antenatal

visits to check their pregnancies, so that if there is a risk during pregnancy, it can be handled early and appropriately by health personnel. This is also intended to help reduce the high maternal mortality rate in Indonesia and achieve the MDGs target. It is hoped that by 2015 the maternal mortality rate can be 102 per 100,000 live births (AMP Guidelines, 2015).

The results of the coverage of visits by pregnant women who have high risks in Karimun Regency were obtained from the Public Health Section of the Health Office on Kundur Island, namely: Tanjung Berlian Puskesmas (127%), Kundur Puskesmas (126%) and Kundur Barat Puskesmas (120). Tanjung Berlian Puskesmas ranks first out of 3 Puskesmas on Kundur Island. Based on the coverage of visits by pregnant women who have high risk in each puskesmas, the achievement for the Health Office is 107%. Based on reports on maternal and child health until 2017 at the Tanjung Berlian Puskesmas, the coverage of visits for K4 pregnant women was 69.3% (179 pregnant women). The target of visiting pregnant women in Karimun Regency in 2017 is 95% (245 pregnant women). Meanwhile, based on Local Area Monitoring for Maternal and Child Health at Tanjung Berlian Health Center in 2017, K1 coverage was 80% (206 pregnant women) and K4 was 69.3% (179 pregnant women) and a high risk of pregnant women was 20%. of the target of pregnant women, namely 51 people, the achievement until 2017 was 127.4% (65 people). With the non-compliance of pregnant women who check their pregnancies and there are still many undetected high-risk mothers, it is feared that this will be the cause of the high rate of maternal and infant mortality (Puskesmas Profile 2017).

Based on the results of a preliminary study conducted at the Tanjung Berlian Public Health Center, out of 10 pregnant women who were interviewed with a questionnaire related to high risk of pregnancy, only 3 pregnant women knew about the high risk of pregnancy correctly because of the educational background of pregnant women on average high school and undergraduate and routine pregnancy tests health workers and actively participate in classes for pregnant women. This shows that the knowledge of pregnant women in the working area of the Tanjung Berlian Puskesmas is still 30%, so there

is a need for counseling to increase the knowledge of pregnant women about the high risk of pregnancy specifically in the working area of the Tanjung Berlian Public Health Center. However, those who visited for antenatal care were still below the target of antenatal care visits, namely 95%. And there are still pregnant women who are late in knowing the high risk in their pregnancy and often pregnant women come to the hospital already with severe pregnancy complications that endanger the pregnancy and the fetus. Research Objectives Knowing the Compliance of Antenatal Care Visits in the Tanjung Berlian Public Health Center.

RESEARCH METHODS
This research uses descriptive study. The population used in this study were all pregnant women in the 3rd trimester in the Tanjung Berlian Public Health Center, totaling 206 people. The sampling method was taken using purposive sampling technique, which is purposive sampling in accordance with the required sample requirements / criteria. The place used to conduct this research is the working area of the Tanjung Berlian Health Center. Univariate analysis was carried out on each variable from the research results to describe the respective frequency distribution

RESEARCH RESULT
Table 1. Compliance for Antenatal Care Visits in the Tanjung Berlian Public Health Center

No	Obedience	Frequency	Percentage
1	Obey	49	73,1
2	Not obey	18	26,9
	Total	67	100

It is known that there are many respondents who obey antenatal care visits, as many as 49 respondents (73.1%) of 67 respondents.

DISCUSSION
In this study, it was found that most of the respondents obeyed the ANC, namely as many as 49 respondents (73.1%) and 18 respondents (26.9%) who did not comply with antenatal care visits.

According to Notoatmodjo (2010), a person's experience or knowledge is a very important factor in interpreting the stimulus we get. The less knowledge a person has, the desire to give good meaning is very low. Vice versa, the better the knowledge, the better at understanding.

Compliance is an action related to a person's behavior. Compliance is loyalty, obedience and loyalty to changes in individual attitudes and behavior, starting from the stage of compliance, identification, then internalization. At first the individual obeyed the officer's instructions or instructions without being willing to take the action and often because of avoiding punishment. If not obeying or to get the desired reward if you comply with these recommendations (Sarwono, 2007)

These results have increased from previous research conducted by Damayanti (2009) regarding "The Relationship between Pregnant Women Knowledge Level about High Risk of Pregnancy and Compliance with Antenatal Care Visits at Pandan Arang Hospital Boyolali", 23 respondents (51%) who complied with antenatal care visits . This is because most of the respondents' education level is high school.

Based on the results of the study, the researchers concluded that most pregnant women were obedient to doing ANC. Respondent's high compliance in conducting ANC can be influenced by the level of education, exposure to the mass media and experience.

Based on the results of the study, respondents who did not comply with ANC were caused by distance and geographical factors. In the previous section, it has been described that the North Kundur area is a sub-district that is still developing and there are several villages / kelurahan that are difficult to reach by public transportation. Most of the village access roads are rocky and damaged, and the distance to the health service is quite far will affect the mother in carrying out antenatal care.

From the results of the interview, the factor of mother's age who is old is usually embarrassed to do an early pregnancy examination so that the ANC examination is not up to standard

CONCLUSION

It is known that most of the respondents studied had compliance with ANC visits as many as 49 respondents (73.1%) of 67 respondents

SUGGESTION

For the community, especially mothers in the work area of the Tanjung Berlian Health Center, to increase awareness to carry out ANC in accordance with the advice of health workers in health services and increase information about high risks of pregnancy through mass media, print media, electronic media and so on.

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