

THE INFLUENCE OF PREDISPOSITIVE AND ENABLING FACTORS ON ANTENATAL CARE VISIT COMPLIANCE IN THE NEW NORMAL ERA

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ABSTRAK

New normal merupakan perubahan perilaku dengan selalu menerapkan protokol kesehatan disemua aspek kehidupan/berkegiatan antara lain seperti jaga jarak, memakai masker, adanya fasilitas mencuci tangan dan etika jika batuk/bersin. Dalam masa ini, banyak pembatasan hampir ke seluruh layanan kesehatan, seperti pelayanan ibu hamil, melahirkan, nifas dan KB. Hal ini menyebabkan pelayanan *antenatal care* pada ibu hamil menjadi salah satu layanan yang terkena dampak, baik secara akses maupun kualitas. Kunjungan *antenatal care* dapat dipengaruhi oleh beberapa faktor meliputi : faktor predisposisi berupa : usia, pendidikan, pekerjaan, paritas, jarak kehamilan, pengetahuan ibu hamil dan sikap ibu hamil dan faktor pemungkin berupa : jarak tempat tinggal, penghasilan keluarga dan media informasi. Tujuan penelitian ini adalah untuk mengetahui pengaruh faktor predisposisi dan pemungkin terhadap kepatuhan kunjungan antenatal care di era new normal. Desain penelitian yaitu observasional analitik dengan pendekatan retrospektif. Instrumen dalam penelitian ini yaitu rekam medis responden. Penelitian ini menggunakan 92 responden yang diambil dengan teknik simple random sampling. Hasil uji *chi square* diperoleh nilai *p-value* 0,001 (<0,05) pada pengaruh faktor predisposisi terhadap kepatuhan kunjungan ANC dan diperoleh nilai *p-value* 0,383 (>0,05) pada pengaruh faktor pemungkin terhadap kepatuhan kunjungan ANC. Kesimpulan : terdapat pengaruh faktor predisposisi terhadap kepatuhan kunjungan *antenatal care* di era new normal dan tidak ada pengaruh faktor pemungkin terhadap kepatuhan kunjungan *antenatal care* di era new normal.

Faktor Predisposisi, Faktor Pemungkin. Antenatal Care, New Normal.

ABSTRACT

New normal is a change in behavior by always implementing health protocols in all aspects of life/activities, such as keeping a distance, wearing masks, having hand washing facilities and ethics when coughing/sneezing. During this period, there were many restrictions on almost all health services, such as services for pregnant women, childbirth, postpartum and family planning. This causes antenatal care services for pregnant women to be one of the services affected, both in terms of access and quality. Antenatal care visits can be influenced by several factors including: predisposing factors in the form of: age, education, occupation, parity, spacing of pregnancies, knowledge of pregnant women and attitudes of pregnant women and enabling factors in the form of: distance to place of residence, family income and information media. The purpose of this study was to determine the effect of predisposing and enabling factors on adherence to antenatal care visits in the new normal era. The research design is analytic observational with a retrospective approach. The instrument in this study was the respondent's medical record. This study used 92 respondents who were taken by simple random sampling technique. The results of the chi square test obtained a p-value of 0.001 (<0.05) on the influence of predisposing factors on compliance with ANC visits and obtained a p-value of 0.383 (>0.05) on the effect of enabling factors on adherence to ANC visits. Conclusion: there is an influence of predisposing factors on adherence to antenatal care visits in the new normal era and there is no effect of enabling factors on adherence to antenatal care visits in the new normal era

Keywords:

Predisposing Factors, Enabling Factors. Antenatal Care, New Normal

INTRODUCTION

The Indonesian nation must begin to adapt to new habits so that they can live healthy lives in the Covid-19 pandemic situation. New normal is a new habit. What is meant by new habits is a change in behavior by always implementing health protocols in all aspects of life/activities, such as keeping a distance, wearing a mask, having hand washing facilities and ethics when coughing/sneezing. Adaptation to new habits must be carried out so that people can carry out their daily activities so they can avoid Covid-19. With the adaptation of new habits, it is hoped that people's rights to basic health can still be fulfilled. During this period, there were many restrictions on almost all health services, such as services for pregnant women, childbirth, postpartum and family planning. This causes antenatal care services for pregnant women to be one of the services affected, both in terms of access and quality (Ministry of Health RI, 2020). Pregnant women are a vulnerable group to develop severe symptoms, so attention needs to be paid to reduce the death rate from Covid-19 infection. To improve the quality of service and reduce the risk of pregnancy, one of the most important things is the effort to provide antenatal care.

Antenatal care services based on Local Area Monitoring (PWS) Mother and Child Health (KIA) data, the results of the first visit (K1) and the 4th visit (K4) describe the quality of health services for pregnant women, the coverage of pregnant women for the first visit (K1) in Java Province East in 2020 is 97.70 %. While the coverage of the 4th visit (K4) was 90.94%. This figure has decreased compared to 2019, namely the first visit (K1): 100.6% and the 4th visit (K4): 99.44%. East Java

Province for the 4th visit indicator (K4) has not reached the target, the 4th visit indicator (K4) including the Minimum Service Standard (SPM) indicator is 100%. Due to the Covid-19 pandemic, the results of the first visit (K1) in districts/cities have decreased (East Java Province Health Profile 2020).

According to Riskesdas data taken from 2014 - 2018 the coverage of exclusive breastfeeding in Indonesia in 2014 was 37.3%, 2015 was 55.7%, 2016 was 54%, 2017 was 61.33%, and in 2018 it experienced a significant decrease of 37.3%. When compared with the target set by the Indonesian Ministry of Health, which is 80%, exclusive breastfeeding at the Indonesian level still has not met the target. Based on data from the health profile of East Java, exclusive breastfeeding in 2017 was 62.5%, 65.1% in 2018, 68.2% in 2019 and 61.0% in 2020. This coverage has decreased compared to 2019 (68.2%).

Maternal mortality in East Java has increased in 2020, namely 98.39 per 100,000 live births. This figure has increased compared to 2019, namely 89.81 per 100,000 live births. Maternal death is caused by restrictions on visits for prenatal care. So that the screening of high risk pregnant women is less than optimal. In several districts/cities the number of deliveries assisted by traditional birth attendants has increased from the previous year, many pregnant women who should have delivered at a referral health facility were delivered at a primary health facility due to limited hospital beds. Antenatal care visits are influenced by predisposing factors. Includes: age, education, occupation, parity, spacing of pregnancies, knowledge of pregnant women and attitudes of pregnant women and enabling factors include: distance of residence, family income and information media. In order to improve

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antenatal care services, Puskesmas are supported by a network of Puskesmas services and a network of health facilities. The Puskesmas service network consists of auxiliary Puskesmas and village midwives (East Java Province Health Profile 2020).

Based on data obtained from the cohort book at PMB Indah Maharany from January to December 2021, Trimester III pregnant women make an average of 119 antenatal care visits per month. Based on a survey in the Watugede area, it was found that there were still pregnant women who did not make 6x antenatal care visits. So that pregnant women do not get health services physically and psychologically. This antenatal care visit really needs to be done to detect early complications during pregnancy. The midwife's role in handling adherence to antenatal care visits in the new normal era is to arrange schedules for ANC visits via communication media (telephone) / online to ensure that there are no interruptions in antenatal care services, carry out physical examinations if needed, and counselling while maintaining social distancing. meters. The government hopes that districts/cities below the provincial average will improve data collection and assistance to pregnant women in their working areas by conducting home visits and it is recommended that ANC be integrated into the health center so that comorbidities in pregnant women can be detected earlier and contact with officers/midwives in the first trimester so that pregnant women get quality services (10 T) and have at least 1 examination by a doctor (Dinkes, 2020). Based on the data obtained above, the authors are interested in conducting research on "The Influence of Predisposing and Enabling Factors on Compliance with Antenatal Care Visits in the New Normal Era.

METHODS

The design or design of this research is analytic observational with a retrospective approach. Analytic observational design is a research design that is used to find out how and why a phenomenon occurs through statistical analysis of the correlation (testing the relationship/influence) between causal factors and effect factors. The retrospective approach is that the data collected comes from past event data, for example last year's data.

RESULT AND DISCUSSION

Table 1. Respondent Characteristics

Respondent Characteristic	Frekuensi (f)	Persentase (%)
Age		
<20 year	1	1.1
20-35 year	77	83.7
>35 year	14	15.2
Parity		
Primipara	31	33.7
Multipara	61	66.3
Education		
Elementary	7	7.6
Junior High School	20	21.8
Senior High School	51	55.4
College	14	15.2
Occupation		
Housewife	19	20.7
Laborer	16	17.4
self-employee	43	46.7
Government employes	14	15.2

Based table 1. There were 77 pregnant women aged 20-35 years (83.7%). Most of the pregnant women with multipara parity were 61 people (66.3%). Most of the pregnant women with high school education were 51 people (55.4%). And almost half of them are pregnant women with self-employed jobs as many as 43 people (46.7%).

Table 2. Enabling factor Distribution

distance from home to clinic	(f)	(%)
<2 km	75	81,5
> 2 km	17	18,5

Based on table 2, the results showed that the majority of pregnant women with a distance of residence <2 km were 75 people (81.5%).

Table 3 the effect of predisposing factors on adherence to ANC visits

Predisposing Factor	compliance with ANC visits				Total		Asym. P. Sig
	Obedience		Not Obey		f	%	
1.00	0	0	1	1.1	1	1.1	.001
3.00	21	22.8	8	8.6	29	31.5	
4.00	18	19.5	30	32.6	48	52.2	
5.00	0	0	1	1.1	1	1.1	
6.00	1	1.1	12	13.1	13	14.1	
Total	40	43.5	52	56.5	92	100	

Based on table 3 it can be seen that the influence of predisposing factors on compliance with ANC visits in the new normal era at PMB Indah Maharany in January-December 2021, the results of the chi-square statistical test analysis were obtained with a value of $p = 0.001 < 0.05$ that H_0 is rejected, meaning that there is the influence of predisposing factors on compliance with ANC visits in the new normal era.

Based on the research conducted, the results of the research showed that the predisposing factors were almost entirely the age of the mother who was 20-35 years old, the majority of parity mothers were multiparous, most of the mothers' last education was junior high school and almost half of pregnant women were self-employed. The results of this study are in line with research by Natiqotul, et al (2020) the results show that pregnant women who perform ANC regularly are in the age range of 20-35 years because at that age a person has great curiosity and concern for their pregnancy as well as high awareness to make

visits ANC regularly. This study also obtained the results that as many as 85% of multigravida pregnant women regularly perform ANC because there are risks in previous pregnancies, so they feel the need to check their pregnancies regularly.

The results of this study are in line with research by Faradilla, et al (2017) which states that there is an influence between education and antenatal care visits because the mother's low education will have an impact on the mother's low knowledge which affects the mother's decision to obtain health services. In research by Myliya and Seventina (2017) it shows that the disobedience of pregnant women in ANC visits (41%) is caused by work because a working woman will definitely be busy with her work. Most of the time is used for work so there is no time to do other activities.

According to Notoatmojo's theory (2012) that predisposing factors include 6 factors that influence adherence to antenatal care visits including: age, education, occupation, parity, pregnancy spacing, knowledge of pregnant women and attitudes of pregnant women. According to researchers, adherence to ANC visits can be influenced by the age of pregnant women because age affects the understanding and mindset of pregnant women. Age 20-35 years is a productive age because they experience maturity both physically and mentally. In primiparas, mothers usually feel that prenatal care is an obligation. So that ANC visits are carried out routinely and multigravidas usually make ANC visits because of experience from previous pregnancies. Education of pregnant women can also affect adherence to ANC visits because pregnant women who are educated will more easily understand changes and the benefits of changes during pregnancy. At

work, pregnant women can also affect ANC visits because pregnant women who do not work will have more time to check their pregnancy.

Table 4. the influence of enabling factors on compliance with ANC visits in the New Normal Era

Distance from home to clinic	compliance with ANC visit				Total		Asym p. Sig
	Obedience		Not Obey		f	%	
	f	%	f	%	f	%	
<2 km	31	33.7	44	47.8	75	81.5	
>2 km	9	9.8	8	8.7	17	18.5	.383
Total	40	43.5	52	56.5	92	100	

Based on table 4 it can be seen that the effect of the enabling factor in the form of residence distance on compliance with ANC visits in the New Normal era at PMB Indah Maharany in January-December 2021, the results of the chi-square statistical test analysis were obtained with a value of $p = 0.383 > 0.05$ that H_0 is accepted, meaning that there is no influence of enabling factors on compliance with ANC visits in the New Normal era

The research results show that most of the enabling factors are the distance where the mother lives is <2 km. This is in line with research by Retno (2018) that as many as (50%) pregnant women with a distance of >2 km from home are not compliant in carrying out ANC visits. This is in line with Notoatmojo's theory (2012) that the farther the health facility is from the pregnant woman's place of residence and the more difficult access to the health facility will reduce the motivation of pregnant women to make ANC visits. The long distance will make the mother think twice about making a visit because it will take up a lot of energy and time each time she makes a visit.

According to the researchers, the farther the pregnant woman's house is from the health facility, the lower her motivation to make antenatal care visits. However, if pregnant

women realize the importance of ANC visits, even though the distance between their home and health services is far, it will not affect the level of adherence to pregnant women's visits. Especially now, long distances can be overcome by motorized vehicles.

a. Predisposing Factors

This study shows that there is an influence between predisposing factors on adherence to ANC visits, which is obtained from the results of the chi-square statistical test analysis with a value of $p = 0.001 < 0.05$ that H_0 is rejected, meaning that there is an influence. This study took predisposing factors such as age, parity, education and occupation to be examined. This is in line with research conducted by Rapida and Ramadhani (2018) entitled The Influence of Predisposing, Supporting and Reinforcing Factors on Pregnancy Care in Raya Kahean District, Simalungun Regency. Whereas predisposing factors (education, occupation, knowledge, parity and pregnancy intervals) affect adherence to ANC visits. This is in line with research conducted by Faradilla, et al (2019) entitled Contribution of Predisposing Factors and Enabling Factors to Compliance with Antenatal Care in Pregnant Women at the Sukamakmur Sibreh Health Center. Whereas predisposing factors in the form of education, knowledge and parity have an effect on compliance with ANC visits.

This is in line with the basic theory developed by Lawrence Green (1991) in Nursalam (2014: 80), the health of a person or community is influenced by two main factors, namely behavioral factors (behavior causes) and factors outside of behavior (non-behavior causes). While behavioral factors (behavior causes) are influenced by three factors, namely: predisposing factors which include age, occupation, education, knowledge and attitudes, enabling factors (enabling factors) that are manifested in the physical

environment and distance to health facilities, and factors reinforcement (Reinforcing Factors) which is manifested in the support provided by families and community leaders. According to the researchers, predisposing factors are factors that influence adherence to ANC visits because changes in a person are easily influenced by predisposing factors.

b. Enabling Factors

This study shows that there is no influence between the enabling factors in the form of distance between residence and adherence to ANC visits, which is obtained from the results of the chi-square statistical test analysis with $p = 0.383 > 0.05$, indicating that H_0 is accepted. This is in line with the research by Silmiyanti, et al (2020) with the title Mixed Methods Analysis of Factors Influencing Adherence to Conducting Antenatal Care Visits for Pregnant Women at the Muara Batu Health Center, North Aceh District, that there is no influence of predisposing factors in the form of distance from home to health services on compliance with ANC visits. This is in line with research by Dian, et al (2019) that there is no relationship between the distance between the place of residence and the place of ANC services and compliance with ANC visits.

This is not in line with Notoatmojo's theory (2012) that the farther the health facility is from the pregnant woman's place of residence and the more difficult access to the health facility will reduce the motivation of pregnant women to make ANC visits. The long distance will make the mother think twice about making a visit because it will take up a lot of energy and time each time she makes a visit. According to the researchers, there was no influence of the predisposing factor in the form of distance from home to adherence to ANC visits due to the availability of

transportation facilities, a factor that could make it easier for people to go to health facilities.

CONCLUSION

Based on the results of research on the influence of predisposing and enabling factors on adherence to antenatal care visits in the new normal era at PMB Indah Maharany, the following conclusions can be drawn: 1) Predisposing factors that influence antenatal care visits in the new normal era at PMB Indah Maharany are almost all pregnant women with aged 20-35 years, multiparous parity, last high school education and almost half of pregnant women with self-employed jobs. 2) The enabling factor is the distance of residence of pregnant women at PMB Indah Maharany, mostly < 2 km. 3) There is an influence of predisposing factors on adherence to antenatal care visits in the new normal era at PMB Indah maharany and there is no effect of enabling factors on adherence to antenatal care visits in the new normal era

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