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Research Article

ANALYSIS OF FACTORS RELATING TO PREGNANT WOMEN'S IRRANGEMENT IN CARRYING OUT PREGNANCY EXAMINATION AT THE KRUENG BARONA JAYA PUBLIC HEALTH CENTER, ACEH BESAR

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ABSTRACT

Pregnancy is a physiological process that requires special attention in efforts to maintain the health of both mother and baby. One of the efforts that can be done is regular antenatal care (ANC) check-ups. However, there are still many pregnant women who have not undergone ANC with the desired regularity. Therefore, this study was conducted to identify factors related to the irregularity of prenatal check-ups. This study is a quantitative analytic study with a cross-sectional approach. The population in this study consisted of 294 pregnant women who had given birth in the Krueng Barona Jaya region, Aceh Besar. The sampling method used total sampling, where out of 294 pregnant women, 7 of them did not have or bring their KIA book, 39 could not be found or contacted, and 3 individuals were unwilling to become respondents. Hence, a total sample of 245 respondents was used in this study. The results of the analysis showed that factors related to the irregularity of ANC check-ups were poor knowledge (OR=15.61; 95% CI=2.50-97.39; P=0.003), lack of media exposure (OR=4.87; 95% CI=1.51-15.70; P=0.008), and previous experience (OR=2.99; 95% CI=1.02-8.76; P=0.046). The conclusion of this study is that knowledge, media exposure, and prior experiences influence the irregularity of prenatal check-ups. Here, prior experiences refer to the healthcare experiences received during previous check-ups or pregnancies. Attitude, as well as pregnancy intentions and planning, do not significantly correlate with irregular ANC check-ups. Therefore, efforts are needed to enhance knowledge and provide better media resources regarding the importance of prenatal examinations, as well as to improve the overall healthcare experience for pregnant women.

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KEYWORDS

Antenatal Care (ANC), Aceh, knowledge, media, experience.

INTRODUCTION

The problem of inadequate care for mothers and newborns is still a major problem throughout the world. In 2015, around 303,000 women died from pregnancy-related causes [1]. According to global reports, as many as 2.9 million babies die in the first month of life, with premature birth, complications during pregnancy, and sepsis being the main causes of death [2]. Nearly all stillbirths (98%) occur in low- and middle-income countries (LMICs) and nearly three-quarters (77%) of total stillbirths occur in Sub-Saharan Africa and South Asia [3].

Inaccuracy of Antenatal Care (ANC) examinations can cause undetected complications in pregnancy and increase the risk of maternal death. Bleeding is the leading cause of maternal death every year, followed by hypertension, infection, and several other diseases such as cancer, heart disease, and tuberculosis suffered by mothers. In addition, around 810 women die every day due to complications from pregnancy and childbirth. According to the World Health Organization (WHO), every day in 2017 around 810 women died due to pregnancy problems, and by the end of the year, the number reached 295,000 people, of which 94% occurred in developing countries [4].

According to the United Nations International Children's Emergency Fund (UNICEF), in 2018 there were 6.2 million children under the age of 15 years and more than 290,000 women who died due to complications of pregnancy and birth in 2017. More than half of child deaths occurred within five years. first few months of life and about half occur in the first few months of life. Meanwhile, 2.8 million pregnant women and newborn babies die every year, with the majority of deaths caused by preventable causes. Babies have the highest risk of death in the first month of life, especially if they experience premature birth, low birth weight, complications during birth, have congenital disorders, or are infected with diseases. About a third of these deaths occur on the first day and almost three-quarters occur in the first week of life [5].

To prevent or treat birth complications, skilled care such as antenatal care (ANC) during pregnancy can be provided [6]. According to Zile & Villerusa (2019), antenatal care can be defined as routine care provided to pregnant women from conception to the beginning of labor [7].

According to Chirwa et al. (2020), Antenatal care provides opportunities for life-saving monitoring, health promotion, and strengthening links between health systems with early detection and timely intervention. Most maternal deaths and stillbirths, around 99%, occur in health facilities with low resources. However, most of these deaths can be prevented with the timely provision of ANC services. Therefore, antenatal care remains one way to reduce maternal mortality, which can be provided at lower-level health facilities [8].

According to the Aceh Health Service in 2021, the maternal mortality rate in Aceh Province over the last five years has fluctuated and reached 223 per 100,000 live births in 2021, with a total of 157 maternal deaths. North Aceh Regency recorded the highest number of maternal deaths, namely 28 cases, followed by Bireuen with 16 cases, and the lowest number of maternal

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deaths occurred in Pidie Jaya, namely only 1 case. Among other districts, Aceh Besar reported 17 cases of maternal deaths, including 6 maternal deaths during pregnancy. One effort to accelerate the reduction in maternal mortality is to provide easy access for every mother to get quality maternal health services, including health services for pregnant women. Coverage of K1 and K4 maternal health services in Aceh Province tends to increase from year to year. Over the last three years, namely in 2019, K1 coverage reached 90% and K4 reached 79%, in 2020 K1 coverage reached 90% and K4 reached 80%, and in 2021 K1 coverage reached 97% and K4 reached 88% [9].

In 2020, there was a 67.5% decrease in K1 coverage in Aceh Besar Regency due to the COVID-19 pandemic, and K4 coverage only reached 60%, which means it did not meet the national target of 85%. Apart from that, there are still many community health centers that do not achieve K4 coverage of 85%. However, in 2021, there will be an increase in K1 coverage in Aceh Besar Regency to 87%, while K4 coverage is still low, namely only 81% [10].

One of the health centers whose coverage is still low, namely below 85%, is the Krueng Barona Jaya Health Center, Aceh Besar Regency. In 2020, of the 62 pregnant women who were targeted, K1 coverage at the Community Health centers only reached 92%, while K4 coverage only reached 51%. In 2021, the target of pregnant women will increase to 68 people with K1 coverage of 92% and K4 coverage of 58% [11].

According to preliminary research data, Krueng Barona Jaya Community Health Center has implemented K6 since 2022. Of the total 337 pregnant women who underwent examinations, 300 (89%) had K1 visits, then the number increased to 330 (98%) in K4, but decreased drastically to just 34 or 10% in Q6. Of the total pregnant women, 322 had given birth, with 294 (91%) giving birth in health services and the other 28 (9%) assisted by non-health workers. During an interview with one of the midwives at the community health center, it was discovered that there were 2 cases of maternal death after giving birth and 1 case of stillbirth.

METHOD

This research is quantitative analytical with a cross-sectional approach. This approach is intended to see the relationship between the independent variable and the dependent variable, namely to find out about the factors related to the irregularity of antenatal care visits for pregnant women at the Krueng Barona Jaya Community Health Center, Aceh Besar Regency. The research location is the work area of the Krueng Barona Jaya Community Health Center, Aceh Besar Regency. Apart from being carried out at the Community Health Center, researchers also took part in visits to villages. Data collection was carried out in January and February 2023. The research population was all pregnant women who had given birth in 2022 who lived in Aceh Besar and had their pregnancy checked at the Krueng Barona Jaya Community Health Center, Aceh Besar Regency, namely 294 people. Of the 294 pregnant women who had given birth, 7 of them did not have or carry a KIA book, 39 could not be found or contacted, and 3 people were not willing to be respondents, so the total sample used in this study was 245 respondents.

RESULTS

Table 1. Frequency Distribution of Characteristics, Independent and Dependent Variables.

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No	Variable	Frequency	Percent (%)	Mean	Standard Deviation
Independent Variable					
1.	**Knowledge**				
	Good	134	54,69		
	Not good	111	45,31		
2.	**Attitude**				
	Good	210	85,71		
	Not good	35	14,29		
3.	**Media Exposure**				
	Exposed	120	48,98		
	Not exposed	125	51,02		
4.	**Previous Experienc**				
	Good	159	64,90		
	Not good	86	35,10		
5.	**Pregnancy Desire and Planning**				
	Planned	239	97,55		
	Unplanned	6	2,45		
Dependent Variable					

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6.	**ANC Checkup Visit**				
	Regular				
	Irregular	29	11,84		
		216	88,16		
Characteristics					
7.	**Age**				
	20-35 years	173	70,61	27,63	6,34
	> 35 years	39	15,92		
	< 20 years	33	13,47		
8.	**Education**				
	Tall	86	35,10		
	Intermediate	123	50,20		
	Base	36	14,69		
9.	**Work**				
	Full time	46	18,78		
	Part time	69	28,16		
	Doesn't work	130	53,06		
10.	**Parity**				
	Primipara	122	49,80		
	Multiparous	123	50,20		

Based on Table 1 above, it can be seen that there are 5 (five) independent variables analyzed, namely knowledge, attitudes, media exposure, previous experience, and pregnancy desires and planning. The

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research results show that the majority of respondents have good knowledge (54.69%) and good attitudes (85.71%) towards ANC. As many as 48.98% of respondents were exposed to media, and the majority of respondents had good previous experience (64.90%). Meanwhile, the majority of respondents had a desire and planned a planned pregnancy (97.55%), and only 2.45% or 6 respondents did not have a desire or plan for a pregnancy.

In the dependent variable of ANC examination visits, the results of the analysis show that only 11.84% of respondents carry out regular ANC examination visits, the remaining 88.16% do not regularly carry out examinations with K6 coverage or do not comply with the recommended schedule.

Respondent characteristics were also observed in this study, namely age, education, employment, and parity. The majority of respondents were between 20-35 years old (70.61%), the remaining 15.92% were over 35 years old and 13.47% were under 20 years old. The majority of education is in secondary education (50.20%), and the remainder is in tertiary education (35.10%) and primary education (14.69%). Most respondents did not work (53.06%), only 18.78% worked full time and 28.16 worked part-time. For parity, 50.20% of respondents were multipara and 49.80% primipara.

Table 2. Relationship between Respondent Characteristics and Examination Irregularities.

Variable	Regular f (%)	Irregular f (%)	OR (95%CI)	p-value
Age				
20-35 tahun	22(12,72)	151(87,28)		
> 35 tahun	3 (7,69)	36 (92,31)	1,74(0,49-6,16)	0,385
< 20 tahun	4 (12,12)	29 (87,88)	1,05 (0,33-3,29)	0,925
Education				
Tall	13 (15,12)	73 (84,88)		
Intermediate	14 (11,38)	109 (88,62)	1,38 (0,61-3,11)	0,430
Base	2 (5,56)	34 (94,44)	3,02 (06414,16)	0,160

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Work				
Full time	8 (17,39)	38 (82,61)		
Part time	9 (13,04)	60 (86,96)	1,40 (0,49-3,95)	0,521
Doesn't work	12 (9,23)	118 (90,77)	2,07 (0,78-5,44)	0,140
Parity				
Primipara	14 (11,48)	108 (88,52)		
Multiparous	15 (12,20)	108 (87,80)	0,93 (0,42-2,02)	0,862

Based on Table 5.2, it can be seen that age, education, and employment have a unidirectional relationship with irregular pregnancy checks (OR>1), while multiparous parity has a protective relationship against irregular pregnancy checks (OR<1). Primary education has the greatest risk of irregular examinations (OR=3.02), then pregnant women who do not work (OR=2.07) and also pregnant women over 35 years (OR=1.74).

However, each variable has a p-value greater than 0.05, so it can be concluded that there are no characteristic variables that have a statistically significant relationship with the irregularity of pregnancy checks at the Krueng Barona Jaya Aceh Besar Community Health Center.

Table 3. Relationship between Knowledge, Attitudes, Previous Experience, Desire, and Pregnancy Planning with Examination Irregularities

Variable	Regular f (%)	Irregular f (%)	OR (95%CI)	p-value
Knowledge				
Good	27 (20,15)	107 (79,85)		
Not so good	2 (1,80)		13,75 (3,19-59,26)	0,000

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		109 (98,20)		
Attitude				
Good	28 (13,33)	182(86,67)		
Not good	1 (2,86)	34 (97,14)	5,23 (0,68-39,74)	0,110
Media Exposure				
Exposed	25 (20,83)	95 (79,17)		0,000
Not exposed	4 (3,20)	121 (96,80)	7,96 (2,67-23,65)	
Previous Experience				
Good	24 (15,09)	135 (84,91)		0,039
Not good	5 (5,81)	81 (94,19)	2,88 (1,05-7,84)	
Pregnancy Desire and Planning				
Planned	28 (11,72)	211 (88,28)		0,713
Unplanned	1 (16,67)	5 (83,33)	0,66 (0,07-5,88)	

Based on Table 5.3 above, it can be seen that there are 3 variables related to irregularity in examinations, namely knowledge, media exposure, and previous experience. Poor knowledge influences inspection irregularities by 13.75 times with a p-value of 0.000.

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Only 1.80% of respondents with poor knowledge regularly carry out pregnancy checks.

In the media exposure variable, respondents who are not exposed are 7.96 times more likely to be irregular in carrying out examinations, with a p-value of 0.000 meaning this variable is statistically significant. It can be seen that 96.80% of the 125 respondents who were not exposed did not regularly carry out pregnancy checks.

Likewise, with previous experience, of the 86 respondents who had poor previous experience, 94.19% of them did not regularly carry out examinations (OR=2.88) with p 0.039, meaning this variable is statistically significant. Meanwhile, other variables, namely attitudes, desires, and pregnancy planning, are not related to the irregularity of pregnancy checks at the Krueng Barona Jaya Aceh Besar Community Health Center.

Table 4. Most Dominant Factors Associated with Irregular Pregnancy Examinations

Variable	Model 1		Model 2		Model 3	
	AOR (95% CI)	p-value	AOR (95%CI)	p-value	AOR (95%CI)	p-value
Basic education	2,92 (0,62-13,76)	0,174			0,46 (0,05-3,64)	0,464
Doesn't work	2,08 (0,77-5,60)	0,144			2,21 (0,70-6,97)	0,175
Poor Knowledge			10,45 (2,34-46,60)	0,002	15,61 (2,50-97,39)	0,003
Bad attitude			2,51 (0,29-21,25)	0,396	2,48 (0,29-21,24)	0,406
Not exposed to media			4,57 (1,45-14,41)	0,009	4,87 (1,51-15,70)	0,008
Bad Experience			3,53 (1,22-10,15)	0,019	2,99 (1,02-8,76)	0,046
Pseudo R2	**0,0264**		**0,2338**		**0,2539**	

Based on Table 5.4, model 1 explains the most dominant characteristic factors of respondents which are related to the irregularity of pregnancy checks at the Krueng Barona Jaya Community Health Center. In this model, no factors were found that were related to examination irregularities. The statistical test results show that the pseudo-R2 value is 0.0264, meaning that model 1 shows that these factors are simultaneously (together) associated with irregular pregnancy checks of 2%.

Model 2 explains the independent variables most associated with irregular pregnancy checks. There are 3 variables that are statistically related to irregular pregnancy checks at the Krueng Barona Jaya Community Health Center, namely poor knowledge (AOR=10.45; 95%CI=2.34-46.60; p=0.002), not being exposed to the media (AOR=4.57; 95%CI=1.45-14.41; p=0.009) and unfavorable experience (AOR=3.53; 95%CI=1.22-10.15; p=0.019). The statistical test results show that the pseudo-R2 value is 0.2338, meaning that model 2 shows that these factors are simultaneously (together) associated with irregular pregnancy checks by 23%.

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Model 3 explains the characteristic factors and independent variables most associated with irregular pregnancy checks. There are 3 variables that are statistically related to irregular pregnancy checks at the Krueng Barona Jaya Community Health Center, namely poor knowledge (AOR=15.61; 95%CI=2.50-97.39; p=0.003), not being exposed to the media (AOR=4.87; 95%CI=1.51-15.70; p=0.008) and poor experience (AOR=2.99; 95%CI=1.02-8.76; p=0.046). The statistical test results show that the pseudo-R2 value is 0.2539, meaning that model 3 shows that these factors are simultaneously (together) associated with irregular pregnancy checks by 25%.

Tabel 5. Hasil Analisis GSEM (Generalized Structural Equation Model Estimation)

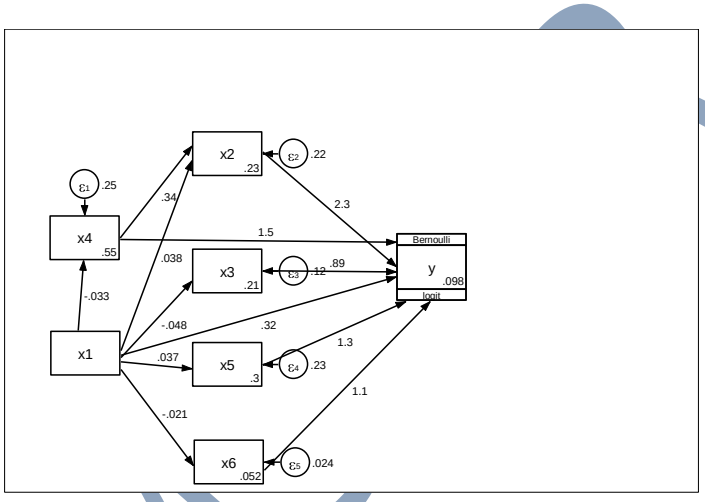

Figure 1 GSEM (Generalized Structural Equation Model Estimation) Analysis Results.

Information: Y (Irregularity of pregnant women carrying out pregnancy checks), X1 (Employment), X2 (knowledge), X3 (attitude), X4 (media exposure), X5 (previous experience).

Based on the GSEM analysis in Figure 5.1, the factors associated with irregular pregnancy checks are media exposure (p-value 0.009), knowledge (p-value 0.002), and previous experience (p-value 0.022). Other factors such as work (p-value 0.262), attitude (p-value 0.414), and pregnancy planning (0.326) were not statistically significant.

In the analysis that has been carried out, it can be seen that the GSEM model underwent several iterations before reaching convergent results. In each iteration, the model's log-likelihood continues to improve, indicating an increase in the model's ability to explain the data. Finally, the log-likelihood reached -550.25, which was then used to measure the overall quality of the model that had been built.

The coefficient (coef.) listed in the output results provides an illustration of the extent to which the independent variables (x1, x2, x3, x4, x5, x6) influence the dependent variable (y) when the other independent variables are held constant. These values can be positive or negative, and their statistical significance is expressed in the column "P>|z|".

In the analysis results, there are also 95% confidence intervals for the coefficients, which give the range of

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values in which the coefficients may lie. This confidence interval gives an idea of how much certainty we have regarding the influence of the independent variable on the dependent variable.

Next, the form estate is used to calculate the exponential of the coefficient (exp(b)), which can be interpreted as an odds ratio. This odds ratio measures the change in the probability of an event related to the dependent variable (y) occurring when the independent variable (x1, x2, x3, x4, x5, x6) experiences a change of one unit.

DISCUSSION

Irregularities in ANC Examination Visit Coverage.

The research results show that K6 coverage at the Krueng Barona Jaya Health Center is very low. Of the 245 respondents, only 11.84% regularly carry out pregnancy checks, the rest only carry out examinations until the K1 and K4 visits. This is by the December 2022 report from the Krueng Barona Jaya Health Center, which overall only 10% of pregnant women had undergone K6 examinations.

The problem of low K6 coverage at the Krueng Barona Jaya Community Health Center has serious consequences for the health of pregnant women and their unborn babies. Regular and complete pregnancy examinations are very important to monitor the progress of the pregnancy, detect complications that may arise, and provide the right treatment at the right time. Antenatal care (ANC) pregnancy check-up visits are very important to ensure the health of the mother and fetus during pregnancy and delivery. The Indonesian Ministry of Health has set the K4 target in 2021 at 85% and nationally K4 coverage has reached 88%. K6 coverage in Indonesia with the highest achievement is at 84%, namely in North Sumatra Province, very different from the achievement in Aceh which only achieved 41.6% [12].

The low number of K6 visits can be attributed to several factors, including a lack of knowledge about the importance of ANC visits, lack of exposure to media that provides information about ANC, and lack of previous experience in giving birth. This can lead to a lack of awareness and motivation for pregnant women to make regular ANC visits, especially in the third trimester [13] [14].

Meanwhile, not making K4 visits can also increase the risk of health complications for the mother and fetus. At the K4 visit, the doctor will check for signs of premature labor and prepare the mother for delivery. If signs of preterm labor are not detected and treated quickly, the risk of preterm labor and serious health problems for the baby may increase. Therefore, K4 visits are very important to ensure the health of the mother and fetus in the final stages of pregnancy and prepare for delivery [15].

Meanwhile, not having a K6 visit also has a high risk to the health of the mother and fetus. At the K6 visit, the doctor can monitor the health condition of the mother and fetus and evaluate readiness for childbirth. If the mother's health condition is not properly monitored, the risk of health problems such as preeclampsia, abnormalities in the placenta, or infection can increase. The risk of stillbirth can also increase if health problems in the fetus are not detected and treated quickly. Therefore, pregnant women need to have regular ANC visits, including K6 visits in the third trimester of pregnancy [16].

The table shows that the majority of respondents (88.28%) had unplanned pregnancies without regular check-ups, while only one respondent (16.67%) had unplanned pregnancies who regularly had check-ups.

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The high p-value (0.713) indicates that there is no significant difference in the tendency to undergo regular pregnancy checks between those who have a planned pregnancy and those who do not.

These results indicate that in this case, pregnancy desire and planning do not have a significant influence on the level of irregularity in prenatal check-ups. This may be surprising as it would normally be expected that women with planned pregnancies would be more likely to undergo regular prenatal care and be aware of the importance of regular ANC visits.

However, these results need to be interpreted with caution. Several factors may have influenced these results, such as limited sample size or variations in understanding or interpretation of questions related to pregnancy wishes and planning. In addition, it is important to remember that in practice, pregnancy wishes and planning can vary, and not all planned pregnancies always go smoothly.

Although these results do not show significant differences in the irregularity of prenatal care based on pregnancy wishes and planning, it is important to continue to promote awareness of regular prenatal care and the importance of visiting a doctor during pregnancy, regardless of the circumstances of the pregnancy in question. It is always recommended that pregnant women receive good and consistent medical care to ensure the health of the mother and expected baby.

The education variable showed that it was not statistically significant, but mothers who only had primary education had a higher risk of irregularity (OR=3.02) than those who had secondary education (OR=1.38). In the context of social determinants, higher education is generally associated with improved health, higher income, and better job opportunities. However, in this context, the results obtained do not support a significant relationship between educational level and other variables. Research conducted by Pattiasina et al. (2019) found that the higher a person's education level, the higher their awareness of carrying out ANC regularly. In general, people who have higher education tend to be more receptive to information. Similar findings were also presented in research by Junga et al. (2017), which states that there is a relationship between maternal education and the regularity of antenatal care checks (p=0.04). The information obtained can be related to the importance of ANC so that pregnant women can understand and be willing to be examined by health workers during ANC. Education will influence knowledge which will then influence behavior, especially in terms of health. Furthermore, health behavior will have an impact on improving public health indicators.

The employment variable shows that mothers who do not work have a higher risk of irregular pregnancy checks (OR=2.07) than mothers who work part-time (OR=1.40). In social determinants, stable and economically viable work is associated with better health, higher income, and access to better resources. The knowledge variable shows that individuals with poor knowledge have a greater risk of being irregular (OR=13.75) compared to mothers who have good knowledge. In the context of social determinants, better knowledge is associated with healthier behavior, better health-related decisions, and a better understanding of access to health services.

Krueng Barona Jaya Health Center is located in a rural area, in the context of low K6 coverage in the Krueng Barona Jaya Health Center work area, it can be linked to the theory of behavior put forward by WHO (World Health Organization), several factors influence human behavior, including thoughts and feelings (level of

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knowledge, beliefs, attitudes, perceptions), reference group (village head, religious scholars, family, health workers), resources (facilities, money, time and energy), and way of life (habits and values).

During K2 to K6, various examinations and other treatments are still carried out regularly to monitor the progress of the pregnancy. Data from these visits includes parameters such as blood pressure, body weight, physical examination, laboratory tests, and other health evaluations. With good collaboration between these stages, the information obtained from K2 to K6 can be compared with the results of the ultrasound examination at K1, so that the medical team can have a comprehensive understanding of the development of pregnancy and the health of pregnant women. Effective collaboration between these different stages of prenatal care allows healthcare providers to provide care that is coordinated and tailored to the needs of the expectant mother. It also helps in detecting and treating health problems early, with the ultimate goal of a safe and healthy mother and baby during delivery [17].

Researchers assume that the low coverage of K6 ANC examinations at the Krueng Barona Jaya Community Health Center could be caused by a lack of knowledge and understanding of pregnant women about the Ministry of Health's new policy regarding K6 visits. Socialization of this policy still needs to be expanded so that pregnant women can understand the importance of K6 visits in the third trimester of pregnancy. Socialization efforts that can be carried out include health education, the use of social media, collaboration with local institutions, community involvement, and individual counseling. Apart from that, it is also important to ensure the availability of adequate facilities and equipment at the health center. With comprehensive outreach efforts and adequate services, it is hoped that knowledge and awareness of pregnant women will increase, so that coverage of K6 ANC examinations can be increased, and risks to the health of mothers and babies can be minimized.

Relationship between Knowledge and ANC Examination Irregularities.

Based on the results of the analysis carried out, it can be concluded that poor knowledge of pregnant women has a statistically significant relationship with irregular pregnancy checks. This can be seen from the high OR value of 15.61 (95% CI 2.50 – 97.39) in pregnant women with poor knowledge compared to pregnant women who have good knowledge. This knowledge variable is also known to be the variable that has a dominant influence on the irregularity of pregnancy checks.

The results of this study are also in line with previous research which shows that maternal knowledge plays an important role in increasing the regularity of pregnancy checks. In addition, a study conducted in Nigeria found that the level of maternal knowledge about reproductive health and pregnancy checks had a significant relationship with the regularity of pregnancy checks. Mothers who have good knowledge about reproductive health tend to carry out pregnancy checks more regularly, and mothers who have poor knowledge tend not to regularly carry out pregnancy checks. The results of this study are also in line with current research which shows that maternal knowledge greatly influences the regularity of pregnancy checks [18], [19].

The researcher assumes that based on the data in this study, shows that the lack of knowledge among pregnant women in the Krueng Barona Jaya Health Center working area based on the results of the analysis lies in the knowledge obtained regarding new

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recommendations from the Indonesian Ministry of Health which recommends examinations at least 6 times during pregnancy. This is shown by the answers to the questionnaire regarding the implementation of K6 which were not answered correctly by the respondents.

The relationship between attitude and irregularity in ANC examinations.

Based on the results of the analysis carried out, it can be concluded that poor attitudes in pregnant women do not have a statistically significant relationship with irregularity in pregnancy checks. The p-value is 0.406, which indicates that the relationship between attitude variables and irregularity in pregnancy checks is not statistically significant.

Many studies show that pregnant women's attitudes toward pregnancy checks greatly influence the regularity of these checks. A study conducted in Iran found that pregnant women who had a positive attitude toward prenatal examinations were more likely to comply with the examination schedule recommended by doctors, compared to mothers who had a negative attitude. In addition, pregnant women who feel comfortable and confident during prenatal examinations are also more likely to follow the recommended examination schedule [20].

This finding is not in line with current research which shows that pregnant women's attitudes do not influence the irregularity of pregnancy checks. Researchers assume that the attitudes of pregnant women in the Krueng Barona Jaya Health Center work area are good so that the irregularities that occur are not caused by poor attitudes.

Researchers assume that the attitude of respondents in the Krueng Barona Jaya Health Center working area towards pregnancy checks is probably quite good, so that attitude cannot be a direct cause of irregular pregnancy checks. A positive attitude towards pregnancy checks reflects the desire and awareness of pregnant women to maintain the health of themselves and the fetus they are carrying.

The relationship between media exposure and irregularity in ANC examinations.

Based on the results of the analysis carried out, it can be concluded that the lack of exposure of pregnant women to the media has a statistically significant relationship with the irregularity of pregnancy checks. This can be seen from the p-value of 0.008, which indicates that the relationship between the variable exposure of pregnant women to the media and irregularity in pregnancy checks is statistically significant.

Several studies show that exposure to mass media can influence pregnant women's compliance in carrying out regular pregnancy checks. A study conducted in India found that pregnant women who were frequently exposed to social media tended to be less regular in carrying out pregnancy checks. They spend a lot of time on social media and tend to ignore the importance of regular pregnancy check-ups. Other research in Nigeria shows that pregnant women who frequently access information about health through mass media, including television and radio, tend to be more regular in carrying out pregnancy checks. They consider information obtained from mass media as a source of knowledge that can help them understand the benefits of prenatal care and overcome fear and anxiety related to pregnancy [21].

These findings are in line with current research showing that exposure to mass media can influence the regularity of pregnancy checks. Therefore, health

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authorities need to utilize mass media as a means to increase awareness among pregnant women about the benefits of regular pregnancy checks. However, it is also important to remember that not all information obtained from the mass media is correct and trustworthy. Therefore, health authorities need to provide accurate and reliable information and encourage pregnant women to obtain information from trusted sources.

Researchers assume that pregnant women in the Krueng Barona Jaya work area may not receive adequate information regarding the implementation of K6 coverage in pregnancy checks. This can be caused by a lack of socialization or delivery of information related to the new policy.

Relationship of previous experience to ANC irregularity.

Based on the results of the analysis carried out, it can be concluded that previous unfavorable experiences in pregnant women have a statistically significant relationship with irregularity in pregnancy checks. This can be seen from the p-value of 0.046, which indicates that the relationship between the previous experience variable and the irregularity of pregnancy checks is statistically significant.

Several studies show a relationship between previous experience and the regularity of pregnant women in carrying out pregnancy checks. A study in Nigeria found that pregnant women who had experienced a miscarriage or previous pregnancy complications tended to be more regular in carrying out prenatal checks in subsequent pregnancies. They recognize the importance of prenatal care to ensure fetal health and reduce the risk of pregnancy complications [22].

Researchers assume that the previous experiences experienced by pregnant women at the Krueng Barona Jaya Health Center were not all negative, but there may have been some experiences that were subjectively unpleasant for the pregnant women. These experiences can be varied, such as long waiting times, lack of effective communication between health workers and pregnant women, or lack of attention to the individual needs of pregnant women.

To improve the quality of service and experience of pregnant women, the Krueng Barona Jaya Health Center needs to take actions that can increase the satisfaction and trust of pregnant women in the services provided.

Relationship between pregnancy desire and planning with ANC irregularities.

Based on the results of the analysis, no significant relationship was found between pregnancy desire and planning and ANC irregularities. This most likely happens because respondents generally still feel embarrassed to admit they don't want or don't plan their pregnancy. Several studies show a relationship between pregnancy desires and planning and pregnant women's regularity in carrying out pregnancy checks. A study in Saudi Arabia found that pregnant women who planned their pregnancies and had a strong desire to become mothers tended to be more regular in having prenatal check-ups. This can be explained by the high motivation to ensure the health of the fetus and prepare oneself mentally and physically to face the process of pregnancy and childbirth [23].

However, several other studies show results that conflict with the above findings. A study in the United States found that pregnancy desire and planning did not have a significant influence on the regularity of pregnancy checks. The researchers suggest that health

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authorities provide more intensive education about the importance of prenatal checks to all pregnant women, not only those who are planning a pregnancy [24].

Researchers assume that in the Krueng Barona Jaya work area, the number of respondents reporting unplanned pregnancies is very small due to the potential that pregnant women in this area may still be reluctant to admit or reveal that their pregnancies are unplanned. This can be caused by several factors, such as shame, feelings of guilt, or a culture that considers unplanned pregnancy to be taboo or undesirable.

Feelings of shame or guilt related to an unplanned pregnancy can arise due to stigmatization or social judgment regarding the situation. Pregnant women may feel worried about judgment from society or the environment around them, and therefore choose to hide or not admit that their pregnancy was unplanned.

Relationship between maternal characteristics and ANC irregularity.

Based on the results of the analysis, no significant relationship was found between characteristics such as age, education, employment, and parity with irregular ANC (Antenatal Care). This may be caused by other factors that have a more significant influence on irregularities in pregnancy checks. In addition, education level, occupation, age, and parity were also evenly distributed among respondents, so these factors may not be the main reasons causing irregularities in pregnancy checks.

The study conducted by Hondro et al. (2022) showed that there was no relationship between age and irregularity in pregnancy checks, this is in line with this study which also found no relationship between the two. In this research, there was also no relationship between irregular pregnancy checks and parity and education [25]. This result is also in line with this study which found no relationship between irregularity and parity and education.

In this study, the results showed that there was no clear relationship between the characteristics of pregnant women's age (for example, young age or old age), parity (number of previous pregnancies), type of work, level of education, and the irregularity of pregnancy checks. This assumption indicates that these variables may not be the main factors influencing pregnant women's decisions not to have regular prenatal check-ups.

In this context, the even distribution of each variable indicates that there is no specific group that is significantly more likely to experience irregular pregnancy checks. This means that women with various characteristics of age, parity, occupation, and education can experience irregular pregnancy checks in similar ways.

However, it should be noted that even if there is no statistically significant relationship, these variables are still important to consider in efforts to increase coverage of regular prenatal care. For example, attention should still be paid to pregnant women who are younger or have high parity, as they may need additional understanding and support to maintain the health of themselves and their unborn babies.

The Most Dominant Factors Associated with Irregular Pregnancy Examinations.

The most dominant factors in this study, based on the results presented, were poor knowledge (p 0.003), lack of media exposure (p 0.008), and poor experience (0.046) regarding pregnancy checks. Research shows that inadequate knowledge about the importance of

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ANC visits, including K6 visits in the third trimester of pregnancy, has a significant impact on irregular prenatal check-ups. Insufficient knowledge about the benefits and procedures of pregnancy checks can lead to a lack of awareness and motivation for pregnant women to do it regularly. Therefore, it is necessary to increase adequate health education efforts to increase pregnant women's knowledge regarding overall pregnancy checks, including K6 visits.

Apart from that, the lack of media exposure that provides information about pregnancy checks is also related to the irregularity of pregnancy checks. Media, such as television, radio, the internet, or social media, can be an important source of information for pregnant women. If pregnant women are not exposed to relevant and up-to-date information regarding the importance of regular ANC visits, this can lead to a lack of awareness and understanding about the importance of K6 visits. Therefore, it is important to expand access and strengthen the use of media as a means of conveying effective and accessible information to pregnant women, so that they can obtain correct and up-to-date information about pregnancy checks.

Unfavorable experiences related to pregnancy checks also influence the irregularity of K6 examinations. Unpleasant experiences, such as long waiting times, lack of effective communication, or lack of attention to the individual needs of pregnant women, can make pregnant women feel reluctant or less motivated to have regular prenatal check-ups. Therefore, it is important to improve the quality of health services and the experience of pregnant women during ANC visits. This includes increasing effective communication, reducing waiting times, and paying attention to the individual needs of pregnant women to create a supportive and comfortable environment during the pregnancy check-up process.

To increase coverage of pregnancy checks, increased knowledge, good media exposure, and positive experiences during ANC visits are things that must be considered. In this context, a holistic and integrated approach must be adopted to ensure that these factors are properly addressed. Effective health education, comprehensive media campaigns, and improving the quality of health services are important steps to increase pregnant women's knowledge and understanding of the importance of prenatal screening and provide a positive experience during the screening process.

CONCLUSION

Based on the results of the analysis, the knowledge variable has an odds ratio (OR) value of 15.61 with a 95% confidence interval (CI) between 2.50 to 97.39 and a p-value of 0.003. This shows that individuals who have poor knowledge about pregnancy checks have a 15.61 times higher risk of irregular ANC visits compared to those who have good knowledge.

The media exposure variable also showed a significant relationship with ANC visits, with an OR value of 4.87 a 95% confidence interval (CI) between 1.51 to 15.70, and a p-value of 0.008. This shows that individuals who are not exposed to media about pregnancy and its care have a 4.87 times higher risk of irregular ANC visits compared to those who are exposed to media.

The previous experience variable also has a significant OR value of 2.99 with a 95% confidence interval (CI) between 1.02 to 8.76, and a p-value of 0.046. This shows that individuals who have a poor previous experience have a 2.99 times higher risk of irregular ANC visits compared to those who have a good previous experience.

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