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Factors Affecting Antenatal Care Examination on Pregnant Women in the Work Area of Hinai Kiri Health Center, Langkat Regency

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Abstract

The contentment of pregnant women throughout ANC and delivery may enhance the health of moms and infants. This research aims to determine what factors influence prenatal care for pregnant women in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency. This study employs a quantitative approach with a cross-sectional design, surveying 68 participants. This study employs a questionnaire. As a follow-up to the conclusion of the study, the research period is July to December 2021. This research included Univariate, Bivariate, and Multivariate analyses. The statistical tests used include the chi-square test and longitudinal regression. Knowledge (P-value = 0.003), Age (P-value = 0.002), Parity (P-value = 0.000), Husband's Support (P-value = 0.000), and Distance to Health Place (P-value = 0.004) were significant in a logistic regression analysis. Variables affecting the Antenatal Care Examination of Pregnant Women include knowledge, husband's support, age, and parity. This research concludes that there is a strong relationship between Knowledge, Husband's Support, and Parity and Antenatal Care Examinations for Pregnant Women in the Work Area of the Hinai Kiri Health Center in Secanggang District, Langkat Regency. Midwives on duty at the Hinai Kiri Health Center are expected to receive recommendations to improve counseling and counseling about the importance of routine pregnancy checks and to encourage pregnant women to be more routinely check their pregnancy at least four times during pregnancy so that the mother's health condition and the fetus are awake.

Introduction

In the context of pregnancy, care for both the mother and the fetus is referred to as antenatal care (ANC for short). The woman may get as much knowledge and education as possible on her pregnancy and the process of getting ready to give birth as early as possible by participating in ANC. Inadequate ANC visits are often the cause of a woman's ignorance about the potentially dangerous indicators of pregnancy. This lack of attendance for ANC visits might put the woman and the baby in jeopardy by, for example, leading to undiagnosed bleeding throughout pregnancy since no warning symptoms are recognized. Maintaining the physical, social, and health conditions of the mother and fetus (including preventing or reducing risks, possible illnesses, and death) and having an effective transition to childbirth are two important factors that can contribute to a pregnant woman's sense of satisfaction during and after her pregnancy. The satisfaction of pregnant women is the essential component to the change or

transformation of ANC, which also contributes to the improvement of family and community development.

The emotional, psychological, and social needs of adult women and vulnerable groups (including women with disabilities, mental disorders, women living with HIV, sex workers, and minorities) can often be greater than those of other women in general. If pregnant women are satisfied during ANC and childbirth, this can improve the health conditions of both mothers and babies.

The World Health Organization (WHO) issued numerous recommendations on ANC in the year 2016, including the need of adopting clinical policies and procedures linked to mother and child health in particular. These recommendations are one of several that are related to ANC. Standard operating procedures (SOPs) were followed in the creation of this manual. These SOPs include the following steps: I the identification of prioritized problems and expected outcomes; (ii) the gathering of evidence of the reported problem; (iii) the assessment of the available evidence; (iv) the formulation of recommendations; and (v) the planning for implementation, dissemination, impact, and evaluation of the developed guidelines. It is highly suggested that every pregnant lady get an MCH handbook and have it on her person at all times for the sake of control and antenatal care. Antenatal care is not only provided by physicians, but also by midwives, and it is advised that health professionals carry out regular health promotions relating to healthy lifestyles and dietary advice for pregnant women. Antenatal care is also provided by health workers. It is strongly advised that every pregnant woman get antenatal care at least eight times in order to lower the risk of death both during pregnancy and during delivery (WHO, 2016).

According to the 2021 Indonesian Health Profile, this indicator is also able to evaluate the health state of the community. This is possible due to the fact that it is sensitive to the improvement of health services, both in terms of their accessibility and their quality. The rate of maternal death fell from 390 to 305 per 100,000 live births worldwide between the years 1991 and 2015, according to the World Health Organization (WHO). Despite the fact that there has been a general trend toward a reduction in maternal mortality, the Millennium Development Goals goal for 2015 is 102 deaths per 100,000 live births. The findings of the SUPAS conducted in 2015 indicate that the current rate of maternal mortality is three times greater than the aim set by the MDGs. To hasten the rate at which the MMR is falling, efforts are being made to ensure that every mother has access to high-quality maternal health services. These services include medical care for pregnant women, assistance during childbirth provided by medical professionals who have received appropriate training in health care facilities, postnatal care for mothers and babies, and specialized care. And recommendations in the event that there are any issues, as well as family planning services, including family planning after delivery (Kesehatan Indonesia, 2021).

In normal pregnancies, pregnant women should receive antenatal care (ANC) at least six times during their pregnancy, with specific visits broken down as follows: two times during the first trimester, once during the second trimester, and three times during the third trimester. Checked by a physician at least twice, once at the first appointment in the first trimester and once during the fifth visit in the third trimester. 1st ANC in the first trimester: screening for potential health risks is performed by the attending physician by following established medical procedures. When a woman goes to a midwife for the first time, the midwife will continue to provide prenatal care for the mother as she would normally, and then she will be referred to a physician for screening. A tele-registration appointment is made with anamnesis screening through communication media (telephone), as well as online, prior to the mother conducting a face-to-

face antenatal visit. The goal of this screening is to look for risk factors and symptoms of COVID-19 (Kementerian Kesehatan Republik Indonesia, 2020).

If there are signs of COVID-19, the mother is sent to the hospital to have a swab taken, but if it is impossible for the mother to go to the Referral Hospital, a Rapid Test is performed instead. The Referral Hospital was the location where the pregnancy risk factor screening assessment was carried out. In the event that there are no signs or symptoms of COVID-19, a physician will be checked at the FKTP. During the first trimester, the 2nd ANC; during the second trimester, the 3rd ANC; during the third trimester, the 4th ANC; and during the third trimester, the 6th ANC the findings of the screening were taken into account in the subsequent follow-up. An appointment or teleregistration followed by an amnesis screening using communication means (telephone) or the internet to search for risk factors and symptoms of COVID-19 comes before the in-person consultation. If there are signs of COVID-19, the mother is sent to the hospital to have a swab taken, but if it is impossible for the mother to go to the Referral Hospital, a Rapid Test is performed instead. In the event that there are no signs of COVID-19, prenatal care will be provided at the FKTP (Ministry of Health Republic of Indonesia, 2020).

Fifth ANC held during the third trimester Screening for potential risk factors related to labor is something that physicians conduct by following certain health guidelines. Screening is done to assess the following: risk factors for delivery, the site where the birth will take place, and whether or not a planned referral is required. An appointment or tele-registration, followed by an amnesis screening through communication means (telephone) or online, is required before a face-to-face meeting in order to search for risk factors and symptoms of COVID-19. If there are signs of COVID-19, the woman is sent to the hospital for a swab, but if it is impossible for her to reach the Referral Hospital, a Rapid Test may be performed instead (Ministry of Health Republic of Indonesia, 2020).

Examining the percentage of people who are covered by K1 and K4 is one way to evaluate the effectiveness of the provision of health care to pregnant women (Dugdale, 2022). K1 coverage refers to the ratio of the actual number of pregnant women in a certain work area who have received prenatal care from health professionals for the first time to the target number of pregnant women who are expected to live in that work area within one year. In the meantime, K4 coverage refers to the ratio of the number of pregnant women who have received antenatal care in accordance with the standard at least four times according to the recommended schedule in each trimester to the target number of pregnant women in one work area within one year. This ratio is calculated by comparing the actual number of pregnant women in one work area to the target number of pregnant women in one work area. These indicators demonstrate the extent to which pregnant women have access to health services and the degree to which they comply with health personnel' requests to check on the status of their pregnancies. Access to health care facilities is just one of the challenges that must be overcome in order for the implementation of health services for pregnant women to be successful (Ensor & Cooper, 2004). Another challenge is the need to enhance the quality of the services that are provided, including the provision of each and every component of health services for pregnant women that must be provided during visits (Health, 2021).

Exams for ANC are performed at health care facilities by trained medical personnel such as obstetricians and general obstetricians, midwives, and registered nurses among other medical professionals. At the time of posyandu implementation by the midwife, at the doctor's or midwife's private practice, at the maternity home, or at the Hospital MCH polyclinic, ANC services may be provided (Sinambela & Solina, 2021).

According to the 2018 North Sumatra Province Basic Health Research Report, the number of pregnant women in North Sumatra who received prenatal care services was 299,279 (89.9 percent), while the number of pregnant women who received health services was only 273,366. (82.1 percent). The goal of 95 percent coverage, which was established in the Strategic Plan of the North Sumatra Provincial Health Office, has not yet been met by this coverage.

According to the findings of the Maternal and Child Health Local Area Monitoring System (PWS-KIA) at the Hinai Kiri Health Center, there are still a significant number of pregnant women who do not get prenatal care. This indicates that K4 coverage has not yet met the objective. The PWS KIA data collected in 2020 at the Hinai Kiri Health Center in the Secanggang District of the Langkat Regency showed that K4 coverage had been reached by 81 percent; nonetheless, the 95 percent goal had been set for this statistic. There are still a significant number of pregnant women who do not go in for prenatal checkups, which suggests that pregnant women do not fully comprehend the need of going in for an ANC checkup. Lack of maternal awareness of the importance of ANC examination to prevent pregnancy risk, due to a lack of information owned by mothers, due to low knowledge of mothers, number of children (parity), occupation, age, and mother's education.

Lack of maternal awareness of the importance of ANC examination to prevent pregnancy risk, due to low knowledge of mothers, number of children (parity), occupation, age, and Conducting prenatal services is only one of the many things that may be done to help expedite the lowering of the Maternal Mortality Rate (MMR), the Infant Mortality Rate (IMR), and pregnancy-related issues in women who are pregnant. During their pregnancies, women are offered a service known as antenatal care (ANC for short). Antenatal care is widely regarded as being of critical significance for assuring the mother and fetus will remain healthy throughout pregnancy and the labor and delivery process. Prenatal care, often known as ANC (advanced nursing care), is not only seen as necessary but also required for women when they are carrying a child. Through routine ANC, both mothers and health workers are able to learn more about the condition of pregnant women as well as the development of the fetus while it is still inside the uterus. This allows for early detection if an obstacle or disorder related to the pregnancy is found, which allows it to be prevented and addressed immediately before it has a negative effect on the pregnancy.

The majority of pregnant women in Indonesia do not place a high focus on the significance of attending ANC appointments (Ensor & Cooper, 2004). According to Green's theory, there are predisposing factors, reinforcing factors, and enabling variables in Notoatmodjo, all of which have the potential to impact a person's behavior, including the conduct of pregnant women during ANC visits. Age, education, employment, parity, knowledge, and attitudes are all examples of things that might put someone at risk. Some examples of enabling circumstances include living distance, family income, and the availability of information medium. The support of her spouse and family, in addition to that of the health personnel already in place, is one of the aspects that are reinforcing.

According to the findings of the first survey that the author carried out, it was discovered that out of 10 pregnant women, only six of them had their pregnancy checked at least once before entering the third trimester of their pregnancy. This is due to the fact that pregnancy is a natural occurrence that will be encountered by every woman, and because of this, there is no requirement for a special examination. Mothers who work outside the home will find it difficult to take time to do a pregnancy check, and husbands are also not supportive of carrying out pregnancy checks from the start because the mother is in good health and the husband is busy and can't accompany her. This is especially true for mothers who already have more than two children. Mothers who do not work outside the home will find it difficult to take time to do a

pregnancy check (Rosenbaum, 1979). Pregnant mother receiving prenatal treatment In the meantime, three pregnant women who were interviewed stated that they carried out a complete pregnancy check (conducting K-1 and K-4 visits) during their pregnancy because their husbands and family kept reminding the mother to do routine pregnancy check-ups, as well as health workers who kept reminding the mother and family to do a health check. These women stated that they did this because they wanted to ensure the health of themselves and their unborn child. During this time, a pregnant woman shared that her mother had a difficult time getting a prenatal check because the distance from her house to health services was far, and there was no one to take her to health services, so she had to use a trishaw to get to health services. In addition, there was no one to take her to health services because there was no one to take her to health services.

Several variables may be to blame for the very small percentage of pregnant women who participate in K4. Knowledge, education, employment, age, parity, and the support of the spouse are some of the characteristics that encourage pregnant women to participate in prenatal care.

Methods

The study being discussed here is of the quantitative kind. This research makes use of an analytical survey methodology coupled with a cross-sectional research design. All 211 pregnant women living in the Hinai Kiri Health Center Work Area in the Secanggang District of the Langkat Regency in 2021 comprised this research's population. The study was carried out in 2021. The sample that was chosen was obtained via the use of non-probability sampling using purposive sampling, which is a method that involves deciding the sample with specific factors taken into account. The participants in this research were all pregnant women who were in their third trimester and lived in the region served by the Hinai Kiri Health Center in the Secanggang District of the Langkat Regency. The procedure of obtaining study data was done by filling out a questionnaire form that had been produced by the researcher.

Validity Test

The correlation technique used is Pearson's product moment with the help of SPSS. The validity test in this study was carried out at the Secanggang Health Center on 20 people. The correlation technique used is Pearson product moment correlation, with the help of SPSS (Statistical Package For The Social Sciences). The criteria for the validity of the research instrument are if rcount>rtable, then the item of the instrument is declared valid, if rcount<rtable, then the item of the instrument is declared invalid.

Reliability Test

The reliability test will be carried out at the Secanggang Health Center. Reliability shows the extent to which a measuring device can be trusted or reliable, where the measurement results remain consistent when two or more measurements are made of the same symptoms using the same measuring instrument. Calculation of reliability should be done only on questions that already have validity. Thus, it is necessary to calculate validity first before calculating reliability. The value of Cronbach's alpha (Reliability) obtained is then compared with the r product moment table with the provision that if r count > r table then the test is reliable.

Data Analysis Method

Univariate Analysis

The purpose of univariate analysis is to explain the characteristics of each variable, both independent and dependent variables. By looking at the frequency distribution of each variable.

Bivariate Analysis

The purpose of bivariate analysis is to see whether there is a relationship between two variables, namely the dependent variable and the independent variable. The statistical test used in this study is the chi-square test (Muhammad, 2014).

Multivariate Analysis

Multivariate analysis was carried out to see which independent variables had the most influence on the dependent variable. Multivariate analysis was used to test between the dependent variables which were influenced by the independent variables. The test in this study was linear regression analysis with the aim of knowing the most influential factors in antenatal care examinations in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency.

Data Presentation

The data that has been collected is entered into a computer and then analyzed descriptively using the SPSS (Statistical Product and Service Solutions) program. The data is presented in the form of narrative and proportion distribution table

Results and Discussion

Univariate Analysis

Knowledge

Table 1. Distribution of the frequency of Knowledge of Respondents with *Antenatal Care* Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Knowledge	F	%
1	Good	19	27.9
2	Not Good Enough	49	72.1
	Sum	68	100

Based on table 1, it shows that from 68 respondents at the Hinai Kiri Health Center, Secanggang District, 19 people (27.9%) of Good Knowledge and Poor Knowledge were obtained, namely 49 people (72.1%).

Age

Table 2. Distribution of Age frequency of Respondents with *Antenatal Care* Examination in Pregnant Women in the Working Area of The Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Age	F	%
1	Risk	53	77.9
2	Not At Risk	15	22.1
	Sum	68	100

Based on table 2, it shows that out of 68 respondents at the Hinai Kiri Health Center, Secanggang District, 53 people (77.9%) were at Risk age and 15 people at risk age (22.1%).

Parity

Table 3. Distribution of Respondents' Parity frequency with *Antenatal Care* Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Parity	F	%
1	Primipara	47	69.1
2	Multipara	21	30.9
	Sum	68	100

Based on table 3, it shows that from 68 respondents at the Hinai Kiri Health Center, Secanggang District, 47 people (69.1%) were obtained from Primipara Parity and Multipara Parity, namely 21 people (30.9%).

Husband Support

Table 4. Frequency distribution of Respondent Husband Support with *Antenatal Care* Examination in Pregnant Women in the Working Area of The Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Husband Support	F	%
1	Support	28	41.2
2	Not Supportive	40	58.8
	Sum	68	100

Based on table 4, it shows that out of 68 respondents at the Hinai Kiri Health Center, Secanggang District, 28 people (41.2%) Supported Husband Support and Unsupportive Husband Support, namely 40 people (58.8%).

Distance to Health Place

Table 5. Distribution of frequency of Distance to Respondents' Health Places with *Antenatal Care* Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Distance To Health Place	f	%
1	Far	50	73.5
2	Near	18	26.5
	Sum	68	100

Based on table 5, it shows that out of 68 respondents at the Hinai Kiri Health Center, Secanggang District, 50 people (73.5%) were obtained from long health places and 18 people (26.5%).

Antenatal Care Examination

Table 6. Frequency distribution of Antenatal Care Examination of Respondents with *Antenatal Care* Examination in Pregnant Women in the Working Area of The Hinai Kiri Health Center, Secanggang District, Langkat Regency

No.	Antenatal Care Examination	f	%
1	Incomplete	40	58.8
2	Complete	28	41.2
	Sum	68	100

Based on table 6, it shows that out of 68 respondents at the Hinai Kiri Health Center, Secanggang District, 40 people (58.8%) were obtained from incomplete Antenatal Care Examination and Complete Antenatal Care Examination, namely 28 people (41.2%).

Bivariate Analysis

The results of bivariate analysis through the Chi-Square test of each variable can be seen in the explanation as follows:

The Relationship of Knowledge to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

Table 7. Cross-tabulation of the relationship of Knowledge to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No	Knowledge	Antenatal Care Examination				Sum		P
		Incomplete		Complete				
		f	%	f	%	f	%	
1	Good	17	25.0	2	2.9	19	27.9	0,003
2	Not Good Enough	23	33.8	26	38.2	49	72.1	
Total		40	58.8	28	41.2	68	100	

Based on table 7, the results of cross-tabulation between Good knowledge and Antenatal Care Examination in Pregnant Women obtained that from 19 people (27.9%) incomplete as many as 17 people (25.0%) and complete 2 people (2.9%). Meanwhile, mothers with poor knowledge were 49 people (72.1%) of which 23 people (33.8%) were incomplete and 26 people (38.2%) participated in a complete anc examination.

The relationship of knowledge to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency based on the results of the analysisof the chi-square statistical test obtained a p value = 0.003 < 0.05, it can be concluded that there is a relationship of knowledge to the examination Antenatal Care for Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

Age Relationship to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

Table 8. Cross-tabulation of the relationship of Age to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No	Age	Antenatal Care Examination				Sum		P
		Incomplete		Complete				
		f	%	f	%	f	%	
1	Not At Risk	3	4.4	12	17.6	15	22.1	0,002
2	Risk	37	54.4	16	23.5	53	77.9	
Total		40	58.8	28	41.2	68	100	

Based on table 8, the results of cross-tabulation between Age At Risk with Antenatal Care Examination in Pregnant Women, it was found that out of 15 people (22.1%) incomplete as many as 3 people (4.4.%) and complete 12 people (17.6%). Meanwhile, mothers of the age at

risk were as high as 53 people (77.9%) of which 37 people (54.4%) were incomplete and 16 people (23.5%) took a complete anc examination.

The Relationship of Age to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency based on the results of the analysisof chi-square statistical tests obtained p value = 0.002 < 0.05, it can be concluded that there is an age relationship with antenatal examination Care for Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

The Relationship of Parity to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

Table 9. Tabulation of Silang Hubungan Parity for Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No	Parity	Antenatal Care Examination				Sum		P
		Incomplete		Complete				
		f	%	f	%	f	%	
1	Primipara	35	51.5	12	17.6	47	69.1	0,000
2	Multipara	5	7.4	16	23.5	21	30.9	
Total		40	58.8	28	41.2	68	100	

Based on table 4.9 the results of the cross tabulation between Primiparous Parity with Antenatal Care Examination for Pregnant Women, it was found that from 47 people (69.1%) 35 people were incomplete (51.5.%) and 12 people (17.6%) were complete. Meanwhile, mothers with multipara parity were 21 (30.9%) incomplete as many as 5 people (7.4%) and complete 16 people (23.5%).

The relationship of parity to antenatal care examinations for pregnant women in the working area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency. Based on the results of the chi-square statistical test analysis, the value of p = 0.000 <0.05, it can be concluded that there is a parity relationship with antenatal care examinations for pregnant women. in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

Based on table 4.8, the results of cross-tabulation between Age At Risk with Antenatal Care Examination in Pregnant Women, it was found that out of 15 people (22.1%) incomplete as many as 3 people (4.4.%) and complete 12 people (17.6%). Meanwhile, mothers of the age at risk were as high as 53 people (77.9%) of which 37 people (54.4%) were incomplete and 16 people (23.5%) took a complete anc examination.

The Relationship of Age to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency based on the results of the analysisof chi-square statistical tests obtained p value = 0.002 < 0.05, it can be concluded that there is an age relationship with antenatal examination Care for Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

The Relationship of Parity to Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

Table 9. Tabulation of Silang Hubungan Parity for Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

No	Parity	Antenatal Care Examination				Sum		P
		Incomplete		Complete				
		f	%	f	%	f	%	
1	Primipara	35	51.5	12	17.6	47	69.1	0,000
2	Multipara	5	7.4	16	23.5	21	30.9	
Total		40	58.8	28	41.2	68	100	

The Relationship of Husband Support for Antenatal Care Examination in Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency based on the results of the analysisof the chi-square statistical test obtained a p value = 0.000 < 0.05, it can be concluded that there is a relationship between husband support for the examination Antenatal Care for Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

The Relationship between Distance to Health Places to Antenatal Care Examination for Pregnant Women in the Working Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency

Table 11. Tabulation of Silang Hubungan Distance to Health Place for Antenatal Care Examination in Pregnant Women in the Working Area of Puskesmas Hinai Kiri, Secanggang District, Langkat Regency

No	Distance To Health Place	Antenatal Care Examination				Sum		P
		Incomplete		Complete				
		f	%	f	%	F	%	
1	Near	5	7.4	13	19.1	18	26.5	0,004
2	Far	35	51.5	15	22.1	50	73.5	
Total		40	58.8	28	41.2	68	100	

Based on table 11 the results of the cross tabulation between Distance to Health Places Close to Antenatal Care Examinations for Pregnant Women, it was found that out of 18 people (26.5%) 5 people were incomplete (7.4%) and 13 people were complete (19.1%). Meanwhile, the distance to distant health centers is 50 people (73.5%), 35 people are incomplete (51.5%) and 15 people are complete (22.1%).

The Relationship between Distance to Health Places and Antenatal Care Examinations for Pregnant Women in the Work Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency. Antenatal Care Examination for Pregnant Women in the Work Area of the Hinai Kiri Health Center, Secanggang District, Langkat Regency.

Multivariate Analysis

Multivariate analysis using multiple logistic regression was carried out as a follow-up to the statistical analysis of the bivariate test by following a scattering of variables that had a value ($p<0.05$) as the selection limit. Based on the results of the bivariate statistical test that were included in the multivariate analysis were the variables, Knowledge, Age, Patience, Husband's Support and Distance to Health Places, then the five research variables were analyzed using

linear logistic regression analysis. This multivariate analysis was conducted in 2 (two) stages. That is:

First stage of Binary Logistics Regression Test

The variables tested in the first stage of binary multiple regression (logistic regression) are all independent variables that have been declared significant at p<0.25 in bivariate analysis. The results of the analysis of variables with the first stage of the binary linear multiple regression test can be seen in table 12. below this:

Table 12. Results of Multiple Logistic Regression Analysis With Input of All Candidate Variables In The Model

Variable	B	Sig	Exp (B)
Knowledge	-4.422	.008	.012
Husband Support	3.104	.007	22.294
Age	-2.020	. 103	. 133's
Parity	3.732	.001	4.529
Distance To Health Place	-2.627	.031	.007

Based on table 12. It is known that the results of the study regarding the Antenatal Care Examination for Pregnant Women in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency

using binary linear logistic statistical test, it was found that the independent variables with p value < 0.05 were knowledge, p value 0.008 and husband's support with p value 0.007, parity p value 0.001, and distance to health care p value 0.031 Then the independent variable which has a p value <0.05, then those that have been declared significant will be re-tested with the second stage of the binary logistic regression test.

Second Stage Logistic Regression Test

Based on the analysis of the first stage, there are 5 factors that meet the requirements (p value <0.25) to be tested for the second stage, namely influencing factors. Antenatal Care Examination for Pregnant Women in the Work Area of Hinai Kiri Health Center, Secanggang District, Langkat Regency. The results of the analysis with the second stage of binary linear regression test, among others, can be seen in table 13. below this:

Table 13. Second Phase of Binary Logistic Regression Test

Variable	B	Sig	Exp (B)
Knowledge	-4.261	.004	.001
Husband Support	3,338	.002	3.314
Parity	3.550	.001	4.520

In the preceding table 4.13, the findings of the Binary Logistics statistical test show that the results of the 4 independent variables tested are as follows: knowledge with an Exp (B) value of.001, husband's support with an Exp (B) value of 3.314, and parity with an Exp (B) value of 4.520. These findings are based on the fact that knowledge, husband's support, and parity each had an Exp (B) value.

According to the conclusive findings of the binary logistic regression test, the parity variable was the most influential factor in the Antenatal Care Examination for Pregnant Women in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency, with an Exp (B) value of 4,520. These findings were based on the findings of the study conducted in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency. This demonstrates that

the parity factor in relation to antenatal care examinations for pregnant women is 4,520 times more likely to have an effect on antenatal care examinations for pregnant women.

Knowledge, the support of the husband, and parity are three of the factors that pregnant women consider while deciding whether or not to take part in the Utilization of the Elderly Posbindu at the Mon Guedong Health Center in Lhokseumawe. Following this, you'll get a description of each of these independent variables.

Examinations for pregnant women in the Hinai Kiri Health Center Work Area, Secanggang District, and Langkat Regency, with a focus on the link between knowledge and pregnant women It is possible to draw the conclusion that there is a connection between knowledge of Antenatal Care Examinations for Pregnant Women in the Working Area of Hinai Kiri Health Center, Secanggang District, Langkat Regency, based on the findings of the chi-square statistical test analysis, which obtained p = 0.003 0.05 with an Exp (B) value of 0.14. These findings were based on the findings of the study that was conducted.

On the basis of the findings of the chi-square statistical test analysis, which obtained p = 0.002 0.05 with an Exp (B) value of.133, it is possible to draw the conclusion that there is a relationship between age and pregnant women in antenatal care examinations for pregnant women in the working area of the Hinai Kiri Health Center in the district of Secanggang in the regency of Langkat, but that age does not have an effect on these examinations.

It is possible to draw the conclusion that there is a parity relationship with antenatal care examinations for pregnant women in the Hinai Kiri Health Center Work Area, Secanggang District, Langkat Regency based on the findings of the chi-square statistical test analysis, which obtained a p value of 0.000 0.05 and an Exp (B) value of 34,818. These findings allowed the researchers to draw the conclusion that there is a relationship between parity and pregnant women in ante.

The results of the chi-square statistical test analysis obtained a p value of = 0.000 0.05 with an Exp (B) value of 28.151, so it can be concluded that there is a relationship between husband's support for pregnant women in Antenatal Care Examinations for Pregnant Women in the Working Area of the Hinai Kiri Health Center in the Secanggang District of the Langkat Regency.

The findings of this study are consistent with the findings of Erlina's research. The outcomes of the statistical tests acquired a p value of 0.011 (= 0.05), which indicates that there is a substantial correlation between the cost of prenatal care visits and the number of women who get them. The accessibility of medical care takes into account factors such as travel time and expense (Wang et al., 2022). There is a decrease in the number of pregnant women who have access to health care when such places of service are not strategically positioned, or when it is difficult for mothers to get to those places. Even when there is a sufficient supply of health care services, the community's access to information will determine how many of those services are actually used (Peters et al., 2008).

Conclusion

There is an effect of knowledge on ANC examination with a p value of 0.003 (< 0.05). There is an effect of husband's support on the ANC examination with a p value of 0.000 (< 0.05). There is an effect of parity on ANC examination with a p value of 0.000 (< 0.05). There is a relationship between distance and ANC examination with a p value of 0.002 (< 0.05). There is a relationship between age and ANC examination with a p-value of 0.002 (<0.05).

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