Faktor-faktor yang berhubungan dengan kunjungan antenatal K4 (pola minimal 1-1-2) di Nusa Tenggara Timur tahun 2012 (analisis data survei Demografi Kesehatan Indonesia 2012) = Factors associated with antenatal visits K4 minimum (pattern 1-1- 2) in East Nusa Tenggara in 2012 data analysis of the 2012 indonesian demographic and health survey

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Abstrak

[ABSTRAK

Kunjungan antenatal K4 adalah kontak minimal 4 kali kunjungan untuk mendapatkan pelayanan antenatal dengan ketentuan minimal 1 kali pada trimester I, minimal 1 kali pada trimester II, dan minimal 2 kali pada trimester III yang bertujuan untuk menjamin perlindungan ibu hamil dan janin berupa deteksi dini faktor risiko, pencegahan serta penanganan dini komplikasi kehamilan. Namun, cakupan kunjungan antenatal K4 (pola minimal 1-1-2) di Nusa Tenggara Timur masih jauh dari target yang ditetapkan. Penelitian bertujuan untuk mengetahui faktor-faktor yang berhubungan dengan kunjungan antenatal K4 (pola minimal 1-1-2) di Nusa Tenggara Timur tahun 2012. Metode penelitian menggunakan desain cross sectional dengan analisis data sekunder Survei Demografi Kesehatan Indonesia 2012. Sampel penelitian adalah ibu umur 15-59 tahun yang memiliki anak terakhir lahir hidup dalam lima tahun sebelum survei dilaksanakan, memeriksakan kehamilan dengan tenaga kesehatan profesional, dan memiliki kelengkapan data. Analisis statistik bivariat digunakan uji chi-square. Hasil penelitian menunjukkan 73,3% ibu melakukan kunjungan antenatal K4 (pola minimal 1-1-2) secara lengkap. Hasil analisis bivariat menunjukkan hubungan bermakna antara umur ibu (PR: 2,35 CI 95%: 1,03 - 5,36 & 2,50; CI 95%: 1,10 - 5,66), umur kehamilan pertama kali periksa (PR: 8,32; CI 95%: 4,64 - 14,92), pendidikan suami (PR: 1,33; CI 95%: 1,07 - 1,65), status ekonomi (PR: 1,30; CI 95%: 1,13 - 1,49 & PR: 1,28; CI 95%: 1,10 - 1,49), kualitas pelayanan antenatal (PR: 1,28; CI 95%: 1,14 - 1,43), dan dukungan suami (PR: 1,31; CI 95%: 1,15 - 1,49) dengan kunjungan antenatal K4. Oleh karena itu, disarankan kepada tenaga kesehatan untuk melakukan penyuluhan intensif mengenai pentingnya kunjungan antenatal K4 bagi ibu hamil terutama ibu umur berisiko, status ekonomi rendah, dan juga kepada suami, kemudian menjaring ibu hamil pada trimester I, serta memberikan pelayanan antenatal berkualitas sesuai standar.

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<i>ABSTRACT

;Antenatal visits K4 are contact visits at least 4 times to get antenatal care with the provision of at least 1 time in the first trimester, at least 1 time in the second trimester, and at least 2 times in the third trimester which aims to ensure the protection of maternal and fetal such as early detection risk factors, prevention and early treatment of complications of pregnancy. However, coverage of antenatal visits K4 (minimum pattern 1-1-2) in East Nusa Tenggara is still far from the target. This study aims to determine factors associated with antenatal visits K4 (minimum pattern 1-1-2) in East Nusa Tenggara in 2012. This research used cross sectional design method with secondary data analysis of The 2012 Indonesian Demographic and Health Survey. The study sample were women aged 15-49 years who had given at least one live birth during the

five years preceding the survey, examined the birth by skilled health provider, and have completed data. Statistical analysis used was bivariate chi-square test. The results showed 73,3% of mothers had completed antenatal visits K4 (minimum pattern 1-1-2). The results of the bivariate analysis showed a significant relationship between age of mother (PR: 2,35 CI 95%: 1,03 - 5,36 & 2,50; CI 95%: 1,10 - 5,66), age at first pregnancy check (PR: 8,32; CI 95%: 4,64 - 14,92), husband?s education (PR: 1,33; CI 95%: 1,07 - 1,65), economic status (PR: 1,30; CI 95%: 1,13 - 1,49 & PR: 1,28; CI 95%: 1,10 - 1,49), quality of antenatal care (PR: 1,28; CI 95%: 1,14 - 1,43), dan husband?s support (PR: 1,31; CI 95%: 1,15 - 1,49) with antenatal visits K4 (minimum pattern 1-1-2). Therefore, it is advisible for health provider to conduct intensive counseling about the importance of antenatal visits K4 for pregnant women especially who is at risky maternal age and low economic status and also for her husband, then screen pregnant women in the first trimester, as well as provide good quality antenatal care according to standards., Antenatal visits K4 are contact visits at least 4 times to get antenatal care with the provision of at least 1 time in the first trimester, at least 1 time in the second trimester, and at least 2 times in the third trimester which aims to ensure the protection of maternal and fetal such as early detection risk factors, prevention and early treatment of complications of pregnancy. However, coverage of antenatal visits K4 (minimum pattern 1-1-2) in East Nusa Tenggara is still far from the target. This study aims to determine factors associated with antenatal visits K4 (minimum pattern 1-1-2) in East Nusa Tenggara in 2012. This research used cross sectional design method with secondary data analysis of The 2012 Indonesian Demographic and Health Survey. The study sample were women aged 15-49 years who had given at least one live birth during the five years preceding the survey, examined the birth by skilled health provider, and have completed data. Statistical analysis used was bivariate chi-square test. The results showed 73,3% of mothers had completed antenatal visits K4 (minimum pattern 1-1-2). The results of the bivariate analysis showed a significant relationship between age of mother (PR: 2,35 CI 95%: 1,03 - 5,36 & 2,50; CI 95%: 1,10 - 5,66), age at first pregnancy check (PR: 8,32; CI 95%: 4,64 - 14,92), husband's education (PR: 1,33; CI 95%: 1,07 - 1,65), economic status (PR: 1,30; CI 95%: 1,13 - 1,49 & PR: 1,28; CI 95%: 1,10 - 1,49), quality of antenatal care (PR: 1,28; CI 95%: 1,14 - 1,43), dan husband's support (PR: 1,31; CI 95%: 1,15 - 1,49) with antenatal visits K4 (minimum pattern 1-1-2). Therefore, it is advisible for health provider to conduct intensive counseling about the importance of antenatal visits K4 for pregnant women especially who is at risky maternal age and low economic status and also for her husband, then screen pregnant women in the first trimester, as well as provide good quality antenatal care according to standards.]