The Factors Relate to Fourth Visited Antenatal Care Mother Pregnant at Health Primary Care deiyai Regency Papua Province

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Abstract

Antenatal care service by a momentous pregnant mother utuk monitors pregnant mother health and growth and fetus developing. But pregnant mother visit attainment stills low fourth voisited is very risk because constitute last visit to get anticipated deep partus. The Regard Factor's Fourth Visited Antenatal Care Mother Pregnant At Health Primary Care Deiyai Regency. Observasional by designs studi *cross sectional*. Population is pregnant mother on month of September as much 30 person as sample by total sampling. Data approach used questionaire and alanyzed by chi square. The results shows that there is no corelation age (p = 0,355; RP = 0,417 (0,609 - 2,500) and work (p=1,000; RP = 1,167 (10,512 - 2,656) to fourth visit ANC at Wagete health primary Deiyai Regency. There is corelation education (p=0,042; RP = 3,667 (0,982 - 13,695), knowledge (p=0,005; RP = 8 (1,191 - 53,741), attitude (p=0,003; RP = 5,5 (1,461 - 20,709), husband support (p=0,005; RP= 8 (1,191 - 53,741) and acces health (p=0,000; RP = 4,813 (1,279 - 18,104) and family income (p=0,042; RP = 3,667 (0,982 - 13,695) to fourth visit ANC at Wagete health primary Deiyai Regency.

Keywords: Fourth visited ANC; pregnant mother.

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1. Introduction

World Health Organisation stated that around the world each year more than 800 women die in pregnancy or childbirth every day. Maternal mortality and morbidity, childbirth and postpartum still a huge problem, including Indonesia.

In poor countries, about 25-50% of deaths of women of childbearing age are caused by problems related to pregnancy and childbirth, and postpartum [1]. The average maternal mortality rate (MMR) was recorded at 359 per 100 thousand live births. The average mortality is much increased compared to the results of the 2007 IDHS which reached 228 per 100 thousand live births [1-3].

Government efforts to curb the high maternal mortality one of which is to provide antenatal care during pregnancy given by the standard of care of pregnancy, such as identifying pregnant women with a home visit and interact with the public on a regular basis for counseling and motivation for early examination and regular [4].

Antenatal Care (ANC) is an examination of pregnancy to optimize physical mental health of pregnant women so as to face childbirth, postpartum stage, preparation of breastfeeding and the return of normal reproductive health in order to reduce maternal mortality. With antenatal care can detect complications in pregnancy and childbirth [5].

Papua Provincial Health Office report, that coverage is 83.1% K1 and K4 (65.7%). While the District Health Office Data Deiyai K1 coverage of pregnant women in 2012 reached 133.70%, while the K4 coverage has not reached 49.14%. In 2013 coverage amounted to 132.1% K1 and K4 by 46.2% and in 2014 reached 139.8% coverage of K1 and K4 reached 52.2%.

As for the achievement of the ideal K1 (K1 pure) in 2012 reached 63%, in 2013 reached 61.3% and in 2014 reached 64.7%. This shows the target ANC coverage K4belum achieved according to the standard 95% [6,7]. Improved antenatal health services affected by the utilization of antenatal care. With which the system becomes no antenatal care can be caused by many factors such as: the inability in terms of cost and service locations that were located too far away [8].

According the above problems, the researchers are interested in doing research with the title "factors - factors that affect pregnant women at health centers K4 WageteKabupaten Deiyai Papua province".

2. Materials and Methods

Observational cross-sectional study design. The population is pregnant in September as many as 30 people as samples by total sampling. The data were obtained using a questionnaire and analyzed using chi square.

3. Results

3.1 Characteristics of respondents (age, education and occupation)

Table 1: Distribution of respondents according to characteristics include age, education and work at the health center district Wagete Deiyai 2016

No	Characteristics	Number	(%)
1	**Age**		
	< 20 years and > 35 years	5	16,7
	20 – 35 years	25	83,3
2	**Education**		
	Low	18	60
	high	12	40
3	**Occupation**		
	Not working	15	50
	Working	15	50
Number		30	100

Table 1 above shows that by the age of most respondents in the age group 20-35 years (83.3%) and less among respondents with age <20 years and> 35 years (16.7%). Based on the highest level of respondents with low education (60%) and slightly among respondents with higher education (40%). While based on the job, the respondents as much on who is working and not working (50%).

1. Knowledge, attitudes, husband support, affordability of health care and family income.

Table 2 shows that respondents' knowledge of the 30 respondents, most with less knowledge as much as 80 respondents (61.1%) and less with less knowledge as much as 51 respondents (38.9%). The attitude of most respondents with a negative attitude as much as 80 respondents (61.1%) and a little knowledge of positive attitude as much as 51 respondents (38.9%). Most husbands support the husband's support is less by 84 respondents (64.1%) and less with the support of a good husband as much as 47 respondents (35.9%). Diraskaan affordability of health facilities is difficult as many as 75 respondents (57.3%) and respondents who felt easily as much as 56 respondents (42.7%). Income families with the highest family income less total of 77 respondents (58.8%) and respondents with family incomes quite as much as 54 respondents (41.2%).

Table 2: Distribution of Respondents by Knowledge of health center visits ANCdi Wagete Deiyai District 2016

No	Variables	Number (n)	(%)
	Knowledge		
1	Less	18	60
	Good	12	40
	Attitude		
2	Negative	15	50
	Positive	15	50
	Husband support		
3	Less	18	60
	Good	12	40
	Adforability health facility		
4	Difficult	16	53,3
	Easy	14	46,7
	Family income		
5	Less	18	60
	Enough	12	40
Number		30	100

3.2 Visit ANC K4

ANC assessed based on visits visits K4 in the ANC visit largely lacking. For more details can be seen in Table 3

Table 3: Distribution of Respondents According K4 ANC visits in health centers District Wagete Deiyai 2016

No	K4 visit	Number (person)	(%)
1	Irregularly	13	43,3
2	Regularly	17	56,7
Number		30	100

Table 3 shows that visits K4 of 30 respondents to the irregular visits by 67 respondents (51.1%) and regular as much as 64 (48.9%).

1. Analysis of the mempengaruhui Visits K4

a. Effect of Age Against Visits K4

Table 4: Effect of Age on K4di Visits Wagete district Puskesmas Deiyai 2016

| Age | K4 visits | | | | Total | p | RP | CI 95% |
| | Irregularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
< 20 and >35 years	1	20	4	80	5			
20-35 years	12	48	13	52	25	0,355	0,417	0,609-2,500
Total	13	43,3	17	56,7	30			

Table 4 shows that out of five respondents aged aged <20 years and> 35 years, there is one person (20%) do not regularly visit K4 lower than K4 irregular visits by 4 people (80%). Results obtained chi square test p = 0.355> α = 0.005 which means the mother's age did not affect the stay at the health center K4 WageteKabupaten Deiyai. The result of the prevalence ratio (RP) RP shows CI95% = 0.417 (0.609 to 2.500), mean age of respondents did not affect the stay at the health center K4 WageteKabupaten Deiyai.

3.3 Influence Educational Visits Against K4

Table 5: Effect of Education to visit the health center K4di Wagete Deiyai District 2016

| Education level | K4 visits | | | | Total | p | RP | CI 95% |
| | ir Regularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
Low	11	61,1	7	38,9	18			
High	2	16,7	10	83,3	12	0,042	3,667	0,982-13,695
Total	13	43,3	17	56,7	30			

Table5. Shows that of the 18 respondents with low education, there are 11 people (61.1%) do not regularly visit K4 higher than regular 7 people (38.9%). Results obtained chi square test p = 0,042 which means that the effect on the educational visit in Puskesmas WageteKabupaten Deiyai K4. The result of the prevalence ratio (PR)

shows RP = 3.667 (0.982 to 13.695), meaning that a low respondent's educational opportunity K4 irregular visits by 3,667 times greater than the respondents of higher education.

3.6 Effect of K4 Visits Against Occupation

Table 6: Effect of Public to visit the health center K4di Wagete Deiyai District 2016

Occupation	K4 visits				Total	p	RP	CI 95%
	ir Regularly		Regularly					
	n	%	n	%	n			(L-U)
Not work	7	46,7	8	53,3	15			
Work	6	40	9	60	15	1,000	1,167	0,512-2,656
Total	13	43,3	17	56,7	30			

Table 6 menunjukan that of the 15 respondents who did not work, there are 7 people (46.7%) do not regularly visit K4 and K4 regular visits as many as 8 people (53.3%). Results obtained chi square test p-value = 1.000 which means that the work does not affect the K4 visit in Puskesmas WageteKabupaten Deiyai. The result of the prevalence ratio (PR) shows RP = 1.167 (from 10.512 to 2.656), meaning that respondents are not likely to work irregular visits K4 at 1,167 times greater than the working respondents.

3.7 Influence Knowledge Against K4 Visits

Table 7: Effect of Knowledge of K4 at the health center visits Wagete Deiyai District 2016

Knowledge	K4 visit				Total	p	RP	CI 95%
	Ir regularly		Regularly					
	n	%	n	%	n			(L-U)
Less	12	66,7	6	33,3	18			
good	1	8,3	11	91,7	12	0,005	8	1,191-53,741
Total	13	43,3	17	56,7	30			

Table 7 shows that of the 18 respondents with less knowledge, there were 12 (66.7%) do not regularly visit K4 higher than regular visits K4 as many as 6 people (33.3%). Results obtained chi square test p = 0.005 which means that knowledge affect the K4 visit in Puskesmas WageteKabupaten Deiyai. The result of the prevalence ratio (PR) shows RP = 8 (1.191 to 53.741), meaning that respondents with less knowledge berperluang irregular visits K4 is 8 times greater than the respondents with good knowledge.

3.8 Influence Attitudes Toward Visits K4

Table 8: Effect of Attitudes toward K4 visit in Puskesmas District Wagete Deiyai 2016

| Attitude | K4 visits | | | | Total | p | RP | CI 95% |
| | ir regularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
Negative	11	73,3	4	26,7	15			
Positive	2	13,3	13	86,7	15	0,003	5,5	1,461-20,709
Total	13	43,3	17	56,7	30			

Table 8 shows that of the 15 respondents with a negative attitude, there were 11 (73.3%) do not regularly visit K4 higher than K4 regularly visited by 4 people (26.7%). Results obtained chi square test p = 0.003 which means that attitudes affect the K4 visit in Puskesmas WageteKabupaten Deiyai. The result of the prevalence ratio (PR) shows RP = 5.5 (1.461 to 20.709), meaning that respondents with negative attitudes likely to irregular visits K4 5.5 times greater than the respondents with a positive attitude.

3.9 Effect of Support Against Husband Visits K4

Table 9: Effect Support K4 husband to visit in Puskesmas District Wagete Deiyai 2016

| Husband support | K4 visits | | | | Total | p | RP | CI 95% |
| | Irregularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
Less	12	66,7	6	33,3	18			
Good	1	8,3	11	91,7	12	0,005	8	1,191-53,741
Total	13	43,3	17	56,7	30			

Table 9 show that of the 18 respondents who support less husband, there were 12 (66.7%) do not regularly visit K4 higher than regular visits K4 as many as 6 people (33.3%). Results obtained chi square test p = 0.005 which means that the effect on the husband's support at the health center visits WageteKabupaten Deiyai K4.

The result of the prevalence ratio (PR) shows RP = 8 (1.191 to 53.741), meaning that the respondents were less likely mendapakan husband support irregular visits K4 is 8 times greater than the respondents who either support her husband.

3.10 Influence Affordability Against Health Facility Visits K4

Table 10: Effect of affordability of health services at the health center to visit K4 district Wagete Deiyai 2016

| Affordability health facility | K4 visits | | | | Total | p | RP | CI 95% |
| | iiregularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
Diff	11	68,8	5	31,3	16			
Easy	2	14,3	12	85,7	14	0,008	4,813	1,279-18,104
Total	13	43,3	17	56,7	30			

Table 10 shows that of the 16 respondents to the affordability of health facilities is difficult, there are 11 people (68.8%) do not regularly visit K4 higher than regular visits K4 5 people (31.3%). Results obtained chi square test p = 0.000 which means that the effect on the affordability of health services at the health center visits WageteKabupaten Deiyai K4. The result of the prevalence ratio (PR) shows RP = 4.813 (1.279 to 18.104), meaning that respondents with the affordability of health facilities is difficult not K4 regularly visited by 4,813 times greater than the respondents are easily within reach health facilities.

3.11 Effect of Household Income Against Visits K4

Table 11: Effect of Income Families to visit K4 in Puskesmas District Wagete Deiyai 2016

| Family income | K4 visits | | | | Total | p | RP | CI 95% |
| | irrregularly | | Regularly | | | | | |
	n	%	n	%	n			(L-U)
Less	11	61,1	7	38,9	18			
Enough	2	16,7	10	83,3	12	0,042	3,667	0,982-13,695
13,695	13	43,3	17	56,7	30			

Table 12 shows that of the 18 respondents with a family income of less, there were 11 (61.1%) did not set tertaur visit K4 higher than regular visits K4 7 people (38.9%). Results obtained chi square test p = 0,042 which means that the effect on the family income on health center visits WageteKabupaten Deiyai K4. The result of the prevalence ratio (PR) shows RP = 3.667 (0.982 to 13.695), meaning that respondents with a family income that is less likely to irregular visits by K4 3,667 times greater than the respondents that enough family income.

4. Discussion

4.1 Effect of age against K4 Visits

The results showed the majority of pregnant women aged 20-35 years (83.3%), while those aged <20 years or> 35 years of (16.7%). Pregnant women aged 20-35 years had a higher percentage in the conduct of antenatal visits are (48%) compared with pregnant women aged <20 or> 35 years only (20%) in the conduct of antenatal visits. These results are in line with the concept according to Rohmah (2010), namely the readiness of pregnant women in antenatal care following the significant changes occur due to the process of growth and development (age) and interaction with background experience. The age range is a good thing to run peranpengasuhan and follow antenatal care, when too young or too old may not be able to play such a role optimally. In this case there is a match between the theory with the results of analysis, the number of pregnant women between the age group of 20-35 years which utilize the full antenatal visits compared with the age group of pregnant women <20 or> 35 years.

However, this result is not consistent with aspects of antenatal care needs should take precedence in which fulfillment in the age group <20 or> 35 years, given the vulnerability of pregnancy and potential pregnancy complications is higher than the age group 20-35 years. At the age under 20 years, uterus and pelvis often do not grow to adult size. As a result, pregnant women in that age may experience prolonged labor / jam, or other disturbances due to unpreparedness mother accept the duties and responsibilities as a parent. Meanwhile, at the age of 35 years, maternal mortality has decreased. As a result, pregnant women at that age is more likely to have children with disabilities, prolonged labor and hemorrhage [1].

From the test results obtained statistical value of p = 0.355, it can be concluded that there is no meaningful distribution between age and in pregnant women visit K4. This can be explained, that the maternal age factor did not affect his habit in checkups, that means either aged mother risky or not risky to have the same opportunities for checkups. The results of this research together with research [9], which indicates that there is no distribution between age and antenatal visits. Similar results were obtained indicating the absence of the distribution between age and antenatal visits. However, this study is different from the research Ning [10], which showed a significant distribution between age and complete antenatal visits, namely mothers aged 20-35 years had 1.56 times the opportunity to utilize antenatal care, much greater than or equal by 4 times compared to mothers aged less than 20 years and more than 35 years.

Efforts socializing done by health care workers in a good age in pregnancy should be more incentive for the villagers, this may involve volunteer mothers who help to improve the health of the community, so that reduced the number of marriages at a young age (less than 20 years) which can cause complications in pregnancy as well as pregnancy over 35 years. From the research Puspita [11], that mothers aged 20 -35 years are usually more ready to get pregnant, because the uterus and other body parts are correct - really ready to accept the pregnancy and at that age biasanyan women feel ready to be a mother. Pregnant women aged 20-35 years is more frequent antenatal than mothers aged <20 to> 35 years and there is a relationship only between age and completeness of antenatal K4.

Thus, the age can not be used as a predictor of the behavior of mothers in pregnancy examination, that means either aged mother risky or not risky to have the same opportunities in the status of antenatal incomplete (not according to standards). This may be because knowledge of pregnant women about the dangers of pregnancy is

still low, but it is geographically Puskesmas Wagete consists of sub-urban area and where to transport accessibility maish quite difficult to reach.

4.2 Effect Against Educational Visits K4

Education means education provided one person to another in order to understand something. It is inevitable that the higher one's education, the more easily the information they receive and in the end the knowledge he has will be more and more. Conversely, if a person has a low level of education, it will hinder the development of the person's attitude towards receiving information and values of the newly introduced [12]. The results of this study note that education is a variable that affects mothers with antenatal K4 (p = 0.042), in which the mother of respondents irregular visits K4 padaresponden with low education (61.1%) higher than in higher education (16.7%). The result of the prevalence ratio (PR) that the education level of the low chance of irregular conduct K4 visits by 3,667 times greater than the respondents of higher education. This can be explained, the role of education to visit pregnancy K4 is very large in terms of reproductive health, maternal-educated tend to have a better idea for the improvement of health, while mothers with low education have less knowledge about their health and are more resigned, giving up on circumstances without any impetus to improve its lot. In addition, highly educated mother will always determine a more rational decision in this case examination of the behavior of her pregnancy.

The same results described by Langefielt in Walgito [13], the higher the level of education, the way people are against everything society will be more extensive. The more mature a person then his attitude toward something considered bermanfaaat will be more rational. Pangmenana research results [14] that there is a relationship between education and the use of K4 (p = 0.000; OR = 0.038) where the higher the mother's education, the more capable it to make decisions and to maintain their health and use of health facilities are nearby. The higher education will be easier to accept and develop knowledge and technology. Education is very influential on the way of thinking, acting and decision making someone in the use of health services.Efforts to improve education may be in line with the promotion - health promotion, especially with regard to pregnant women that can be performed by health workers yan assisted by the volunteer and local community leaders, in order to improve the knowledge of pregnant women in the use of antenatal care in the delivery of health personnel who will conduct education the pregnant woman should be adjusted to the level of education of pregnant women, in addition to the language used by health workers should be simple and understandable by pregnant women, so that communication in providing antenatal education is not impeded.

4.3 Effect against Occupation Visits K4

The results showed the majority of pregnant women do not work and work in the same proportion (50%), the results of the bivariate analysis of respondents who regularly visits padaresponden K4 are not working (46.7%) higher than the working respondents (40%) , In staistik obtained no significant effect on K4 visit (p = 1.000), but respondents are not likely to work irregular visits K4 at 1,167 times greater than the working respondents. The results of the study according to the study Nurlaelah [15], found that maternal employment status will very much affect the use of facilities and health facilities. This is explained, because mothers work status will be

plenty busy with daily activities for work and interrupted - between his job can make a visit pregnancy. Thus the physical condition, especially pregnancy and fetus health will always be detected if there are abnormalities or pregnancy complications. These results are in line with the concept according to Romauli [16], which is a person's job will describe the activities and the level of economic well-being obtained. Working mothers have this level of knowledge is better than mothers who do not work, because the working mothers will have more opportunities to interact with other people, so it has a lot of opportunities as well to get information about the state of her pregnancy.

3.4 Effect of Knowledge Against K4 Visits

Knowledge has a role as the primary motivation for seseorangdalam behave. However, the change of knowledge does not always cause the behavior. Green [17], mentions knowledge is one of the factors predisposing to the formation of a person's behavior.The research proves there is a significant relationship between knowledge with antenatal K4 (p = 0.005), in which respondents are not regularly visit K4 padaresponden with less knowledge (66.7%) than respondents who have a good knowledge (8,3 %). Rasioprevalensi test results, that the respondents with less knowledge potentially irregular visits K4 is 8 times greater than the respondents with good knowledge.Knowledge is an important domain for the formation of a person's actions. According to the experiences and research results in Notoatmodjo, that behavior based on knowledge will be lasting (long lasting) than yangtidak behavior based on knowledge. Besides knowledge also is an early stage in the adoption of new behavior prior to the formation of attitudes toward the new object that it faces [18-20].

According Notoatmodjo [18], the knowledge or the cognitive domain is very important for the formation of a person's actions. A person's knowledge gained from the experience of various information submitted by teachers, parents, friends, mass media, electronic media, user guide and health professionals. In addition there are other factors, namely: experience, the influence of parents, friends, the media and health workers. It is caused by the mother berpengetahuannya good, the level of understanding about the importance of prenatal care that have been obtained through health counseling or information from the mass media is still in the stage of adoption, where new mothers aware of the meaning of the stimulus in the form of intentions without being followed by a change in attitude and behavior. Based on behavioral theory, informed one of them can guarantee a person to behave in accordance with the knowledge gained. According to Rogers in Notoatmodjo [19], before people adopt new behaviors, a process that began with the berururtan Awareness, Interest, Evaluation, Trial, Adoption.

4.5 Effect of Attitudes Toward Visits K4

Attitudes are feelings, thoughts, and the tendency of a person more or less permanently on certain aspects of the environment. Attitudes are evaluative biases to a stimulus or objects that have an impact on how one is dealing with the object [12]. Research results obtained from 301 respondents, 50% negative and positive attitude of the respondents (50%). This shows the same attitude proporis by pregnant women. Respondents who do not regularly visit K4 padaresponden with a negative attitude (73.3%) than respondents who have a positive attitude (13.3%).

The test results obtained bivariate no influence attitudes towards kunjunganK4 (p = 0.003), the mother who has a negative attitude at 5.5 times do not make regular visits K4. The results are consistent with reference [5] in showing that there is a relationship between mother attitude with regularity antenatal visit.

The attitude of the mother is the views or responses are positive or negative and are not clear about the benefits of antenatal care and the pregnancy itself. Attitude is positive or negative beliefs to display a certain behavior. Beliefs or beliefs is called behavioral beliefs. An individual will intend to show a specific behavior positively when he votes. An individual will intend to show a specific behavior when he perceives that others are important to think that he should do it. For example, the participation of pregnant women in antenatal care is influenced by a positive attitude towards it. Furthermore, the positive atmosphere will affect the intention to participate in activities related to the antenatal checks.

Peneltiian Erlina [21] in the Inpatient Health Center Long there is significant influence between attitudes towards pregnant women visit antenatal revealed (p = 0.001). Most pregnant women have an attitude that concerns the health of her pregnancy with antenatal regularly. Attitude clearly shows their suitability reaction to certain stimuli that in everyday life is a reaction to the stimulus pregnancy with antenatal regularly to the pregnancy of healthy growth and to minimize the risk of complications during childbirth, premature birth, and maternal and infant mortality. The higher the pregnant mother's attitude which supports the higher the behavior of antenatal visits, and the lower the attitude of pregnant women who do not support the lower the behavior of antenatal visits.

Attitude positive mothers is certainly based on the knowledge that good anyway, that foster understanding can breed and foster a positive attitude in implementing the ANC Visits. Efforts to socialize about the benefits of the ANC need more digallakan so with the knowledge that the better by pregnant women can foster a positive attitude goes higher, so the awareness of mothers in particular ANC visit K4 can be done on a regular basis.

4.6 Effect Against Husband Support Visits K4

Support husband is encouragement / motivation given by the husband to his wife who is pregnant in this case such support could be in the form of verbal and non-verbal, advice, assistance tangible form of behavior or presence that can provide emotional benefits and influence the behavior of his wife who in it is the support for the ANC. Reference [17] mentions that family support is one element of the amplifier for the person's behavior.

The results of this study demonstrate a significant difference between husband support the pregnancy examination K4 (p = 0.005). Respondents who do not regularly visit padaresponden K4 with the support of her husband of less (66.7%) than respondents who have received good support by the husband (8.3%). The test results showed that the prevalence ratio of respondents who are less likely mendapakan husband support irregular visits K4 is 8 times greater than the respondents who either support her husband. These results are consistent with research Pramitasari [22], mentions that the mother who has the support of the family in this case the husband has the opportunity to do the quality of antenatal visits (69.8%) compared to women who did not have the support of (33.3%) and there is a relationship between husband and family support in encouraging

mothers to utilize the ANC. Thus it can be explained that, husband support plays an important role in the behavior of the mother to check her pregnancy. This is due to concerns of the families of the pregnancy which is a gateway to face delivery, the better examination of her pregnancy then the family will be more calm to face delivery. Because it can determine the condition of pregnancy and the health of mother and baby.

4.7 The affordability Effect Against Health Facility Visits K4

Affordability or access to health services that are to be achieved by the people, not hindered by geographical location, social, economic, organizational, and language. Affordability or pregnant aksesibu in antenatal care in this study include geographical access geographic access is measured by distance, travel time, travel expenses, types of transportation to health care and economic access economic access relates to the ability to pay the cost of health care.

Research results showed that the respondents (53.3%) find it difficult to reach health facilities. affordability can also be influenced by the availability of transport dalammenyaipakn economy. Selian geographic conditions Puskesmas Wagete which is a rural area and still lack public transportation, so it takes a long time to achieve health-care facilities coupled with the high cost of transportation niaya. For pregnant women the time and being away for a long time is very risky, and the lack of transportation costs, making it difficult for pregnant women to visit regularly. Bivariate test results showed that there was an effect on the affordability of health facilities K4 visit, the mothers who find it difficult to reach health facilities amounting to 4,813 times did not conduct a proper or regular K4.

4.8 Effect of Household Income Against Visits K4

Income is income assessed and measured from the material (money). Low income means that women who are pregnant to perform the examination obtain inspection service facilities are not effective due to the lack of cost to be incurred. Low income plays an important role in transportation and other costs affect pregnancy. Although the health service is free but the quality of service obtained pregnant women are not good. Administration issues a female issue in seeking health services [16]. The results showed that pregnant women of 30 respondents as many as 60% with household incomes less. Biviariat analysis results obtained any significant influence between family income to the visit K4, the mother of family income less than 3.667 times did not visit regularly K4. natal visits.

Family income also determines the socioeconomic status of the family that will affect the person to utilize health services. The concept of family with considerable economy can checkups regularly, planned deliveries in health professionals and others with good preparation. there is a positive trend of distribution between coverage pemeriksaanibu pregnant with educational level of the family and the level of expenditure per capita. So also with the results obtained in 2007 Riskesdas higher education head of the family or the higher level of expenditure per capita, the higher the coverage of prenatal care. Interventions can be performed on people with low economic status by providing the knowledge, information and education on the importance of utilizing antenatal care to pregnant women. By conducting health posts or mobile clinics that provide antenatal care

affordable in all regions, especially in areas far from access to health services.

5. Conclusion

From the results of research conducted data analysis, eventually be concluded as

follows:

1. Age of respondents did not affect the stay at the health center K4 district Wagete Deiyai (p = 0.355; RP = 0.417 (0.609 to 2.500),

2. Educational affect the K4 visit in Puskesmas Wagete Deiyai district (p = 0,042; RP = 3.667 (0.982 to 13.695).

3. The work does not affect the K4 visit in Puskesmas Wagete Deiyai district (p = 1.000; RP = 1.167 (from 10.512 to 2.656), but it is a factor not teratrunya visit K4.

4. Knowledge influence the K4 visit in Puskesmas Wagete Deiyai district (p = 0.005; RP = 8 (1.191 to 53.741).

5. Attitude affect the K4 visit in Puskesmas Wagete Deiyai district (p = 0.003; RP 5.5 (1.461 to 20.709).

6. Support husband's influence to K4 at the health center visits Wagete Deiyai district (p = 0.005; RP = 8 (1.191 to 53.741).

7. The affordability of health facilities affect the K4 visit in Puskesmas Wagete Deiyai district (p = 0.000; RP = 4.813 (1.279 to 18.104).

8. Family income affect the K4 visit in Puskesmas Wagete Deiyai district (p = 0,042; RP = 3.667 (0.982 to 13.695).

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