



**THE BARRIERS OF ANTENATAL CARE VISITS IN RURAL MOTHER'S COMMUNITY IN PADANG LAWAS REGENCY: A QUALITATIVE STUDY**

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**ABSTRACT**

The low utilization of antenatal care services has an impact on the condition of the pregnancy not being monitored which will cause danger signs of pregnancy to go undetected and can lead to maternal death. Padang Lawas is the area with the lowest coverage of antenatal care visits in north Sumatra province. The majority of pregnant women in Padang Lawas district do not receive standard antenatal care services. Efforts to increase coverage rates for Antenatal Care visits have been carried out by the Health Service but have not produced any real impact. Objective: This study aims to find out more about the perspective of antenatal care visits for pregnant women. Method: This study was qualitative with a grounded theory approach. The informants in this study were 5 mothers, 5 husbands, 3 midwives, and 1 community figure who were recruited using purposive sampling. Data were collected using semi-structured interviews. Data were analyzed using the Content Analysis. Results: The study emerged 4 themes: (1) Culture about pregnancy, (2) Infrastructure in antenatal care, (3) Economic issues, and (4) Mother's behavior in carrying out antenatal care. Conclusions: The findings show that there are several barriers of antenatal care visits in rural maternal communities, so the government needs to pay attention to them in following up on the barriers found in these areas.

Keywords: antenatal care visit; barriers; qualitative

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**INTRODUCTION**

Efforts to accelerate the reduction in maternal mortality rates are carried out by ensuring that every mother can access quality maternal health services, such as maternal health services, delivery assistance by trained health workers at health care facilities, postpartum services for mothers and babies, special care and referrals in the event of complications (Mahada et al.,

2023). The Ministry of Health is committed to transforming the health system through 6 pillars of transformation supporting Indonesian health. The first pillar is the transformation of primary services, which consists of population education, primary prevention, secondary prevention and increasing the capacity and capability of primary services. One of the primary preventions that is the government's commitment is improving antenatal care (ANC) for maternal and infant health. Where some changes in ANC services are by adding from 4 visits to 6 times, where at least 2 are carried out by a doctor, and the use of USG in the 1st and 3rd trimesters of pregnancy. The target coverage of ANC visits in 2021 is 85%, in 2022 90%. in 2021 92% and the target coverage in 2024 is 95% (Octavius et al., 2023).

Data from the 2022 North Sumatra health profile shows that the district/city with the lowest ANC coverage is Padang Lawas District at 39.15 percent. The low coverage of ANC visits causes various problems including undetected pregnancy complications, lack of health education in pregnancy care, and anemia risk which also has an impact on optimal fetal development. Based on an initial survey conducted by researchers in Padang Lawas Regency, it was found that the number of pregnant women in Padang Lawas Regency in 2021 was 7,848 people. Of this number, pregnant women who made the first ANC visit were only 5,673 people (72.2%), while those who made ANC visits up to the 4th visit were only 3,195 people (40.7%). Padang Lawas Regency consists of 17 sub-districts. Based on the data, it is known that there are 4 sub-districts with ANC visit coverage below 50%, namely: Barumon District (43.4%), Huta Raja Tinggi District (33.4%), Sosopan District (22.8%), and the lowest coverage is Huristak District, namely 20.6% (BPS Padang Lawas, 2022).

Efforts to increase the coverage rate for ANC visits have been carried out by the Padang Lawas District Health Service through the health program that has been launched by the central government but has not yet produced a real impact. One of the programs that has been implemented is: a home visit model conducted by health workers, this "Door to Door" program has been conducted by midwives in the Padang Lawas area, but has not shown maximum results, because when home visits are conducted, pregnant women are often not at home, because they have other activities outside the home such as working and others. Health development cannot be separated from the existence of local culture and traditions.

Various health problems that exist are closely related to behavioral factors and community mindsets due to the existence of culture and tradition. The weak effectiveness of health interventions that have been carried out so far is often due to a lack of understanding of the cultural aspects inherent in the community itself. Socio-cultural determinants have a significant influence on the success of health interventions in several regions in Indonesia. Different ethnic groups have different cultures, values, norms, and beliefs that can influence behavior and accessibility in utilizing ANC services. If pregnancy checks are not considered important in a particular culture, then mothers may also be less motivated to have regular pregnancy checks. Some cultures have beliefs or values that influence views on health and pregnancy. On the other hand, the picture of the accessibility of the community to ANC services is also influenced by various factors including geographical conditions, area, availability of basic facilities and infrastructure, and the progress of a region. Therefore, the aim of this study is to find out more about the perspective of antenatal care visits for pregnant women so that it can facilitate pregnant women to carry out ANC regularly

## **METHOD**

The study is a qualitative study using a grounded theory approach. Grounded theory is a qualitative research method that uses a systematic set of procedures to inductively develop a

theory about a phenomenon (Bowen, 2006). The grounded theory method is used to formulate a theory to explain a phenomenon that cannot yet be explained through existing theories (Charmaz & Thornberg, 2021). The study uses semi-structured interviews because it explores and aligns indicators according to the research area which is carried out informally. The informants in this study consisted of 5 mothers who did not undergo pregnancy checks with health workers, 5 husbands, 3 midwives, and 1 community figure in the Padang Lawas district. In this study, researchers made observations and tried to explore the behavior of mothers at the research location in terms of pregnancy checks and it is hoped that from the research we will get as much as possible and explore indicators related to the factors that hinder mothers from carrying out routine pregnancy checks with health workers in Padang Lawas Regency. This study was conducted in Padang Lawas Regency. Data collection was carried out by in-depth interviews using voice recording. Probing techniques are used to obtain in-depth information.

Data analysis in this study went through 4 stages, namely: 1) open coding, namely identifying keywords from all the data collected; 2) concept formation (axial coding), namely collecting codes with the same content which allows data to be grouped into interconnected categories and concepts are formed; 3) categorization (selective coding), namely grouping concepts that are formed and then selected which are related to the formation of theories for research problems; and 4) theory formation (theoretical note), namely to explain the subject being researched by strengthening it with existing theories and studies literature. This study has received ethical approval from the Research Ethics Commission of the Faculty of Medicine, Universitas Andalas No.1100/UN.16.2/KEP-FK/2023.

The principle of truthfulness is applied to ensure thoroughness in research. Credibility is a criterion for meeting the truth value of the data and information collected. The researcher used the prolonged engagement technique, namely holding meetings with participants 1-2 times at a place that had been promised to the participant, so that the researcher and participant had a long relationship they became more familiar, more open, and trusted each other. Confirmability is carried out by showing all transcripts and field notes to determine themes. Dependability is used to assess the quality of the process undertaken by researchers. Transferability is carried out by researchers writing research reports that are described in detail, clearly, systematically, and easily understood so that readers can get a clear picture of ANC visits. Authenticity focuses on the extent to which researchers can demonstrate multiple realities. Authenticity emerging in research can convey the authenticity of participants' experiences. The researcher invites readers to feel the life experiences depicted and allows readers to develop increased sensitivity according to the problems depicted. Therefore, the aim of this study is to find out more about the perspective of antenatal care visits for pregnant women.

## **RESULTS**

This study involved 14 informants consisting of pregnant women, fathers, midwives and public figures. They have been interviewed and obtained the themes listed in figure 1. Table 1 shows that the average age of pregnant women is 28.4 years, the average age of fathers is 33.8 years, the average age of midwives is 44.3 years and the age of community leaders is 54 years. The majority of informants' education is junior high school and their occupation is farming. Four themes exist in the barriers in carrying out ANC visits for pregnancy checks, namely: culture/myths/beliefs passed down from generation to generation from the surrounding community regarding pregnancy, infrastructure, economic conditions, and maternal behavior which are depicted in the scheme below.

Table 1.  
Respondent characteristics (n=14)

Informant	Age (year)	Educational level	Employment
1st mother	25	Junior high school	Housewife
2nd mother	19	Junior high school	Housewife
3rd mother	33	Junior high school	Farmer
4th mother	35	Junior high school	Farmer
5th mother	30	Junior high school	Farmer
1st father	33	Junior high school	Farmer
2nd father	25	Junior high school	Farmer
3rd father	40	Junior high school	Laborer
4th father	38	Junior high school	Laborer
5th father	31	Elementary school	Laborer
1st midwife	40	Bachelor of midwife	Clinician
2nd midwife	50	Diploma 3 of midwife	Clinician
3rd midwife	43	Diploma 3 of midwife	Village midwife
Public figure	54	Bachelor	Teacher

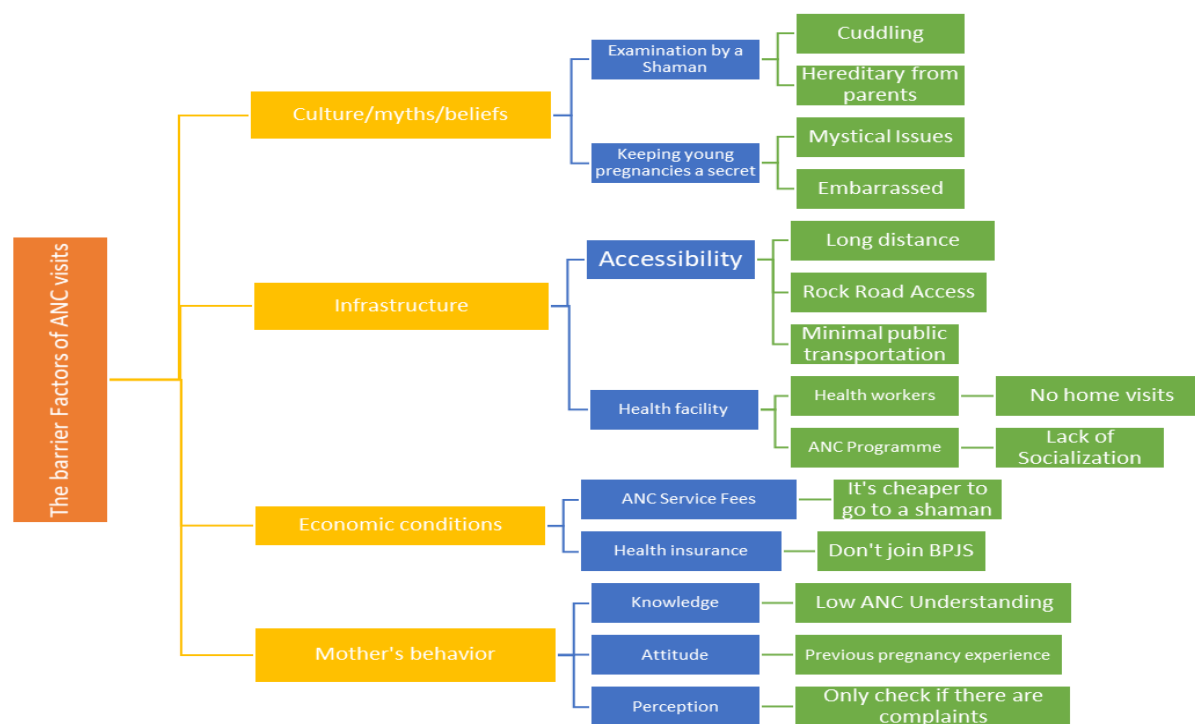


Figure 1 Themes and sub-themes resulting from qualitative research on barrier factors of ANC visits

Barriers of ANC visits

*Mother's Culture/Myths/Beliefs About Pregnancy*

The influence of culture on people's health status cannot be ignored, health is an integral part of culture. still adhere to the culture or beliefs that have been passed down from generation to generation regarding pregnancy checks which are indicated by 2 habits, namely carrying out pregnancy checks with a shaman and the belief in keeping young pregnancies a secret. As is known from the interview results, a shaman is someone the mother trusts to check the condition of the pregnancy. People are more familiar with checking with shamans to find out what the condition of their pregnancy is. Some informants even explained that even though they had good economic conditions, they still preferred to consult a shaman because they considered the quality of the shaman to be better and they were very experienced. This is by

the results of the following interview:

*"Just go to the shaman, ma'am, to have it checked.... it's a habit here, ma'am, if you're pregnant, what's wrong, just go to the shaman to have it healed"* (Informant #1)

*"If you go to the midwife you are told that you are sick, you only need to give medicine and if the shaman is touched, your child will be repaired so he will immediately feel good"* (Informant #3)

*"it never opened if we wanted to see the midwife, so we went to the hairdresser. On average, in these villages there are many people who I know as Shamans"* (Informant #10)

From the results of interviews, it is also known that the people of Padang Lawas Regency believe that at the beginning of pregnancy, it is best not to let other people know. The culture of keeping young pregnancies a secret is a practice where women who become pregnant at a young age choose to hide their pregnancies from family, friends, or society for certain reasons, such as shame, fear of being judged, or worry about stigma and even mystical things. They believe that in young pregnancies, they are still vulnerable to being disturbed by supernatural things that can harm the pregnancy and can even cause the loss of the fetus in the womb. This is following the results of the following interview:

*"yes ma'am....so you can't say that if you're pregnant....it's not allowed.....because it's prone to miscarriage..."* (Informant #1)

*"So from the beginning of pregnancy until the age of 6 months, don't go to the midwife or traditional healer either... because you can't do it yet, ma'am, you can't do the healing either if you're still pregnant... later the pregnancy will fall, ma'am..."*, (Informant #5)

#### *Infrastructure*

The infrastructure of the Padang Lawas community in carrying out pregnancy checks is still influenced by regional geographical factors, road conditions, and available health facilities. Among other things, accessibility includes the relatively long distance a mother must travel to get to a health facility for a pregnancy check-up. This is under the results of the following interview:

*"I don't want to, it's far from home to the midwife ma'am... we're on the plantation, it's 2 hours ma'am... it's far..".* (Informant #3)

*"Because it's far from this house and the road is bad b... so my wife didn't go to the midwife to have her pregnancy checked ma'am because it's far away"* (Informant #7)

*"If we were here, no mother would come to check the cough... that's because the health center is quite far away... it's half an hour's journey"* (Informant #8)

Apart from the long distance traveled, rocky and difficult road access is also one of the factors that hinder mothers from carrying out pregnancy checks. As stated by the informant below:

*".....The road, that's what it is, it's a rocky road. It hasn't been repaired until here..."* (Informant #5)

*"About an hour more but this way. "The road is bad... so it takes about an hour to get there"* (Informant #6)

Rare public transportation is also a serious barrier for those who want to access it. Transportation problems can result in delays or even failure to get the medical care that pregnant women need. Here are the results of the interview:

*"There's no public transportation yet, ma'am... so you have to borrow someone's vehicle, which is why it's difficult, ma'am"* (Informant #2)

*... "We have our vehicle, no public transportation..."* (Informant #8)

The limited number of health workers is also a barrier so visits by health workers to homes are relatively minimal and non-existent in certain areas. So the socialization of the ANC

program is also limited. This means that access to information regarding pregnancy checks is still minimal, many pregnant women are not exposed to the importance of ANC checks during pregnancy, especially pregnant women who live in rural areas. This is by the results of interviews from several informants below:

*"...Never, ma'am... never did the midwife come to our villages, ma'am" (Informant #2)*

*"...There aren't any. They won't be here when the midwife from the community health center comes, right..... (Informant #6)*

#### Economic conditions

One of the barrier factors increasing coverage of ANC visits is the cost of ANC services from midwives which is relatively expensive for people with poor economic conditions, the husband or wife's income is very limited, and the coverage of Jamkes ownership which is still relatively low so this is one of the barriers factors mothers from having examinations. pregnancy to midwives and other health facilities. This is by the results of the following interview:

*"When it comes to going to a midwife here, especially for those who are pregnant without injecting, it costs 120 thousand for one person to see the medicine, 100 is the cheapest. If it's a matter of being stabbed by a shaman, it's only 20 thousand, 30 thousand is safe" (Informant #3)*

*"Because this is the condition of money, ma'am... the economy... so I'm going to see what the costs are, ma'am... if it's expensive to go to a midwife... you're happy to go to a midwife, ma'am... but if it's cheaper... but if it's expensive it's too bad. Well... people don't have barrels..." (Informant #4)*

#### Mother's behavior

Mothers' behavior in making ANC visits in Padang Lawas district is influenced by several factors, namely knowledge, attitudes, and perceptions of mothers regarding pregnancy checks. Based on the results of interviews, show that some respondents still lack an optimal understanding of ANC visits and lack the willingness of pregnant women to undergo ANC examinations. As well as consistency in carrying out pregnancy checks with health workers. This can be seen from the results of the following interview:

*"Yesterday, when I was pregnant, I only went to the midwife once, just to make sure I was pregnant. After that, I never had it again... I just went to the shaman, didn't I go to the shaman... If I went to the midwife, I was told that I was sick, only given medicine, and if the shaman was touched, my child would be repaired. It immediately felt good..."(Informant #3)*

*"If the midwife knew where our child was inside...what would it be...her heart...her heartbeat was beating. I'm just saying that your child is not healthy, and his position is not good, that's the only difference between a dukun and a midwife, I feel, that if the dukun is in his arms, we'll be fine, the dukun will also know where our child is going inside, right?" (Informant #4)*

## DISCUSSION

The barriers experienced by informants when carrying out ANC are related to culture. This study is in line with the previous study which stated that the percentage of respondents who have culture in the negative category is 66.3% and culture in the positive category is 33.8%. According to a survey from researchers that took place in the field, there were still pregnant women who underwent examinations at the shaman's house. Even though the mother visited more than 4 times, she still needed the help of a traditional healer in pregnancy checks because of hereditary culture (Simbolon & Nahak, 2021). One of the factors that influence pregnancy checks is culture, where the explanation is that an unsupportive family environment will influence mothers to check their pregnancies (Nawabi et al., 2022).

However, The study by Nurhayati and Yuliwati (2024) stated that there is no significant relationship between customs and the regularity of ANC visits. Based on the percentage of ANC visits, it can be seen that out of 30 respondents, there were 17 pregnant women (56.7%) with regular ANC visits, meaning that pregnant women can still make ANC visits without any prohibition or belief in Baduy customary law. Family behavior that does not allow a woman to leave the house to check her pregnancy is a culture that prevents regular visits by pregnant women to check their pregnancy (Aprianti et al., 2018). Socio-cultural changes consist of values, culture, norms, habits, institutions, and customary laws that are commonly practiced in an area (Hanim & Noorman, 2018). If this custom is not implemented, confusion will occur which will give rise to unwritten sanctions by the local community against perpetrators who are considered deviant (Novita et al., 2020). Cultural settings influence a mother's decision to check her pregnancy with a health worker (Lestari, 2021).

Barriers experienced by informants when visiting ANC related to infrastructure were distance, access, public transportation, and health facilities. In line with previous research which states that there is a significant relationship between travel distance and ANC visits (Ginting et al., 2021; Khoerunnisa, 2022). Travel distance is the condition that must be passed from home to a health facility either on foot or by vehicle. Distance is also the journey taken from a community location to a health facility which is measured using indicators of time and kilometer radius as well as the state of infrastructure. The close distance from a residential area or a pregnant woman's house will influence the mother's interest and motivation in having her pregnancy checked (Ginting et al., 2021). Access is the ease of physically reaching, not just meters, but the existence of roads and transportation to get there. Access is also the level of affordability faced by the community in getting to the health center. Difficult means of transportation can also influence pregnant women to be reluctant to have their pregnancy checked. Previous research states that there is a significant relationship between transportation access and ANC visits (Septiani & Rosmanidar, 2017).

Roads connect one region to another region and have several aspects, namely the number of road sections, length, width, and construction technology. The usefulness of a road can be utilized throughout its planned life if it is designed taking into account various aspects. The condition of the road used by pregnant women to get to the facility is very influential in making visits. Bad road conditions will prevent mothers from making ANC visits (Khoerunnisa, 2022). This is in line with previous research stating that there is a relationship between road condition factors and the use of ANC visits (Acup et al., 2023; Megasari, 2019). Economic status is an barrier factor in making ANC visits. This statement is in line with a study by Syafitri et al. (2020) stated that there is a relationship between economic status and ANC visits. This research is in line with research conducted by Fitria (2019) stated that there is a relationship between family income and ANC visits. The results of this study show that mothers whose income is below the minimum wage is 51.5%. Income is all receipts both in the form of money and from your party. Income is all receipts both in the form of money and from your party. Per capita income is the average family income of a family which is obtained from dividing the income of all family members. The income in question is a level of income obtained from the main job and side jobs of parents and other family members. Family income is an enabling factor for someone to utilize health services (Haryanti et al., 2016).

Barriers to ANC visits among pregnant women are also found in maternal behavior which includes knowledge, attitudes, and perceptions. Research conducted by Irmawati et al. (2023) showed that pregnant women who had low knowledge and had incomplete ANC visits were 9 people (25.7%), and those who had complete visits were 2 people (5.7%). Meanwhile, 1

pregnant woman had high knowledge and had incomplete ANC visits (2.9%), and 23 people had complete visits (68.6%). This means that there is a tendency for good knowledge to complete ANC visits. The chi-square test results have a p-value of 0.000 ( $<0.05$ ), so there is a relationship between maternal knowledge and ANC visits. This research is supported by Lawrence Green's theory which states that health behavior is influenced by several factors, including predisposing factors such as knowledge (Elygio et al., 2020). Irmawati et al. (2023) also stated that 17 pregnant women had a good attitude and had complete ANC visits (48.6%) and 2 people (5.7%) had incomplete visits. However, there are still 8 pregnant women who have poor attitudes and do not complete ANC visits (22.9%). The chi-square test results have a p-value of 0.022 ( $<0.05$ ), so there is a relationship between maternal knowledge and ANC visits. A person's attitude is influenced by several factors, one of which is personal experience. The experience leaves a strong impression that can be the basis for forming an attitude (Glasman & Albarracin, 2016).

Agustiarini and Sundayani (2020) stated that there is an influence of the attitudes and behavior of health workers, especially midwives, on the level of knowledge of pregnant women during ANC examinations. Pregnant women can also have a positive attitude in responding to or assessing the importance of ANC so that pregnant women's attitudes toward pregnancy checks can be improved. In line with this study, a previous study stated that the perception of pregnant women regarding ANC visits was that the majority of pregnant women had received ANC visits (80%), while a small percentage of pregnant women had not received ANC care (20%). So ANC examinations that do not meet standards are caused by the fact that pregnant women's awareness is still relatively low (Hsai et al., 2020).

## **CONCLUSION**

The results of this research show that there are several barriers for mothers in carrying out ANC with health workers, namely 1) the habits and culture that have developed regarding pregnancy checks with shamans and the belief in keeping the pregnancy a secret in the early stages of pregnancy due to fear of the pregnancy being disturbed by mystical things that are still unknown. trusted by the surrounding community; 2) infrastructure, namely accessibility, which includes long distances, access to rocky roads, and the lack of public transportation in inland areas. Apart from that, in terms of health facilities, the number of health workers is unequal, resulting in minimal home visits for pregnant women in rural areas, and socialization of the ANC program is also still lacking; 3) economic conditions where the cost of ANC examinations from midwives tends to be more expensive compared to traditional healers, as well as health insurance (BPJS) which is not yet owned by mothers with poor economic conditions and 4) maternal behavior, namely the mother's knowledge about ANC, the mother's attitude towards pregnancy examinations and also This perception is about the importance of pregnancy checks from health workers.

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