

The Relationship Between Knowledge And Parity Of Pregnant Women And The Activeness Of First Trimester Antenatal Care Visits In The Working Area Of The Ulilin Health Center, Merauke District

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ABSTRACT

Antenatal Care (ANC) examination is a pregnancy examination which aims to improve the physical and mental health of pregnant women optimally, so that they are able to face the period of childbirth, postpartum, preparation for exclusive breastfeeding, and the return to normal reproductive health. This study aims to determine the relationship between knowledge and parity of pregnant women on the activity of first trimester antenatal care visits in the Ulilin Community Health Center Working Area, Merauke Regency in 2023. This research uses a research design *Observational Analytics* with approach *cross sectional*. With technique *purposive sampling* A sample of 24 respondents was obtained, the independent variables were knowledge and parity using a questionnaire and the dependent variable was activeness of first trimester antenatal care visits using observation. Statistical tests are used *Chi-Square* to find out the relationship between the two variables. The results of research from 24 respondents showed that the majority of respondents had insufficient knowledge criteria, 14 respondents (46.7%), most of the parity mothers were primiparous, 16 respondents (53.3%). And it was found that most of the respondents who had criteria for not regularly making antenatal care visits were 18 respondents (60%). Analysis uses statistical tests *Chi-Square* results were obtained $p = 0.047 < 0.05$, then H_0 is rejected and H_1 is accepted, which means there is a relationship between the level of knowledge and the activeness of antenatal care visits in the Ulilin Community Health Center working area and the result is $p = 0.027 < 0.05$, then H_0 is rejected and H_1 is accepted, which means there is a parity relationship with activeness on First trimester antenatal care visit in the Ulilin Community Health Center working area. Providing more education is aimed at the benefits and impacts of irregular Antenatal Care (ANC) visits, thereby creating confidence in pregnant women and providing sufficient information about ANC.

Keywords: Activeness Of Antenatal Care Visits, Knowledge, Parity

INTRODUCTION

Antenatal Care (ANC) examination according to the Ministry of Health (2018), is a pregnancy examination which aims to improve the physical and mental health of pregnant women optimally, so that they are able to face the period of childbirth, postpartum, face preparation for exclusive breastfeeding, as well as the return to reproductive health by reasonable.

Minister of Health Regulation No. 43 of 2016 states that all pregnant women must have access to standardized pregnancy examination services. Appropriate antenatal care facilities

are pregnant women who have had at least 4 visits and tests, with the first test between 0-12 weeks (1st trimester), the second trimester 12-24 weeks (2nd trimester), and pregnant women visit 2 next time at week 24 (trimester 3).

After the update in accordance with Minister of Health Regulation No. 21 of 2021, health services for pregnant women or antenatal care must meet the frequency of a minimum of six pregnancy checks and two examinations by a doctor. Health checks for pregnant women are carried out at least once in the first trimester (0-12 weeks of gestation), twice in the second trimester (12-24 weeks of gestation), and three times in the third trimester (24 weeks of gestation until delivery), and at least twice checked by a doctor during the first visit in the first trimester and at the fifth visit in the third trimester.

Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of K1, K4 and K6. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health workers, compared to the target number of pregnant women in one work area within one year. K4 coverage is the number of pregnant women who have received standard antenatal care at least four times according to the recommended schedule in each trimester, compared to the target number of pregnant women in one work area within one year. Meanwhile, K6 coverage is the number of pregnant women who have received antenatal care according to the standard of at least six examinations and a minimum of two doctor's examinations according to the recommended schedule in each semester, compared to the target number of pregnant women in one work area within one year. This indicator shows access to health services for pregnant women and the level of compliance of pregnant women in having their pregnancy checked by health workers

Based on the 2021 Indonesian Health Profile, health services for pregnant women (K4) in 2021 show that nationally they have achieved the 2021 RPJMN target of 88.8% of the target of 85%. There are 17 provinces that have achieved the RPJMN target of 85%. The highest provincial figure is DKI Jakarta at 114.5%, followed by West Java at 98.8% and Banten at 95.7%. There are two provinces with achievements of less than 50%, namely Papua and West Papua. Coverage that exceeds 100% is due to the target data set being lower than the real target data obtained.

The results of the 2013 and 2018 Basic Health Research (Riskesdas) show an increase in the coverage of maternal health indicators as reflected in the indicators for four ANC visits (K4). The proportion of K4 pregnancy checks has shown an increase from 70% in 2013 (Riskesdas 2013) to 74.1% in 2018 (Riskesdas 2018).

K1 service coverage in 2015 in Papua Province was 56.0%. The highest K1 coverage was in Asmat Regency, 162%. There were 2 districts for which there was no data, namely Yahukimo Regency and Nduga Regency. Meanwhile, K4 service coverage in Papua Province in 2015 was 24%, the highest K4 coverage in Keerom Regency (63%), in 2020 K1 was highest in Jayapura Regency at 68.7%, the lowest was in Nduga district for K4 visits, K1 service coverage in 2021 in the Province Papua is 78.5% highest in Sarimi Regency (214.7%) for K4 services is 34.7% highest in Sarimi Regency (78.9).

The Merauke District Health Service report in 2022, the target number of pregnant women is 4,911 people and for K1 coverage it reaches 4,989 people (101.6%) while K4 is 2,254 people (45.9%).

Based on data from the Ulilin community Health Center in 2022, the K1 visit coverage data was 105%, while the K4 visit coverage data was 52%. The gap between K1 and K4 coverage indicates suboptimal pregnancy checks or antenatal care visits. One of the factors causing the low K4 coverage at the Ulilin Community Health Center is related to the activeness of pregnant women in making antenatal care visits in the first trimester (before 12 weeks of pregnancy).

Research conducted by Intan Karlina, Mira Miraturrofi'ah, Katrini Palayukan found that the p value = $(0.000) < (0.005)$, so it can be concluded that there is a significant relationship between knowledge of third trimester pregnant women and K4 antenatal care visits in the Sawa Community Health Center working area. Erma, Asmat Regency, Papua Province in 2021.

Furthermore, research conducted by Wahyuni Maria Prasetyo Hutomota in 2021, showed that there was a relationship between parity (p -value=0.010), with antenatal care visits at the Dum Public Health Center, Sorong Islands District, Sorong City. This research concludes that there is a relationship and parietas with antenatal care visits at the Dum Community Health Center, Sorong Island District, Sorong City.

Based on an initial survey conducted by researchers in the Ulilin Community Health Center working area, the total K1 coverage in January-July 2023 was 79% while K4 coverage was 34%.

Based on the results of interviews conducted with MCH Program holders at community health centers, it is known that the low number of visits by pregnant women in the 1st trimester is thought to be related to pregnant women's lack of knowledge regarding how many visits to have a pregnancy check-up so that they only come once or twice for a pregnancy check-up at the health center. Meanwhile, based on the results of interviews with 5 pregnant women, TM 3 said that they had only had their pregnancy checked twice at the health center, namely at 3 months and 6 months of pregnancy. Mothers said that they did not know the importance of having a pregnancy check-up (ANC) and that mothers were too lazy to queue up at the health center, and they also did not know clearly how many visits they should make during pregnancy.

Based on the data and description above, researchers are interested in conducting research on 'The Relationship between Knowledge and Parity of Pregnant Women and the Activeness of First Trimester Antenatal Care Visits in the Working Area of the Ulilin Health Center, Merauke Regency in 2023'.

METHODS

This research uses an observational analytical research design with a cross sectional approach. Using a purposive sampling technique, a sample of 30 respondents was obtained, the independent variables were knowledge and parity using a questionnaire and the dependent variable was Activity of First Trimester Antenatal Visits using observation. The Chi-Square statistical test was used to determine the relationship between the two variables. The Chi-Square statistical test was used to determine the relationship between the two variables. Analysis using the Chi-Square statistical test resulted in $p = 0.000 < 0.05$, so H_0 was rejected and H_1 was accepted, which means there is a relationship between maternal knowledge and parity and the activeness of antenatal care visits at the Ulilin Community Health Center.

RESULTS

Table.1 Distribution of Respondent Characteristics and Variables

Research result	Frequency (f)	Percent (%)
Age		
< 20 th	0	0.0
May 20 - May 35	29	96.7
> 35 th	1	3.3
Total	30	100.0
Knowledge		
not enough	14	46.7
Enough	8	26.7
Good	8	26.7
Total	30	100.0
Parity		
primipara	16	53.3
multiparous	9	30.0
grandmultipara	5	16.7
Total	30	100.0
Visit Activity Antenatal Care		
less active	18	60.0
active	12	40.0
Total	30	100.0

Source: Research Questionnaire, 2024

Table 2 Cross Tabulation between Variables

			ANC TM Visit Activity 1		Total
			less active	active	
Knowledge	not enough	Frequency	11	3	14
		%	36.7%	10.0%	46.7%
	Enough	Frequency	5	3	8
		%	16.7%	10.0%	26.7%
	Good	Frequency	2	6	8
		%	6.7%	20.0%	26.7%
Total			Frequency	18	30
			%	60.0%	100.0%
Parity	primipara	Frequency	13	3	16
		%	43.3%	10.0%	53.3%
	multiparous	Frequency	4	5	9
		%	13.3%	16.7%	30.0%
	grandmultipara	Frequency	1	4	5
		%	3.3%	13.3%	16.7%
Total			Frequency	18	30
			%	60.0%	100.0%

Source: Research Questionnaire, 202

Based on the table above, it is known that there were 11 respondents (36.7%) with a low level of knowledge and less active visits to antenatal care in the first trimester, while respondents with primiparous parity and less active visits to antenatal care in the first trimester were 13 respondents (43.3%) .

Analysis of Research Statistical Test Results

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.412	.047
N of Valid Cases		30	

The results of research analysis regarding the relationship between level of knowledge and activeness of first trimester antenatal care visits are based on statistical tests using tests *Chi-Square* results were obtained $p = 0,047 < 0,05$ eye H_0 rejected and H_1 accepted, which means there is a relationship between the level of knowledge and the activeness of the visit *antenatal care* in the working area of the Ulilin Health Center. With value *correlation coefficient* 0.412, which means the level of relationship is in the sufficient relationship category, where the correlation value range is between 0.40-0.599, which is included in the sufficient relationship category (Sugiyono, 2010).

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.441	.027
N of Valid Cases		30	

The results of the research analysis regarding the relationship between parity and activeness of first trimester antenatal care visits were based on statistical tests using tests *Chi-Square* results were obtained $p = 0,027 < 0,05$ eye H_0 rejected and H_1 accepted which means there is a parity relationship with liveliness First trimester antenatal care visit in the Ulilin Community Health Center working area. With value *correlation coefficient* 0.441, which means the level of relationship is in the sufficient relationship category, where the correlation value range is between 0.40-0.599, which is included in the sufficient relationship category (Sugiyono, 2010).

DISCUSSION

Age Identification

Based on Figure 4.1 above, it is known that of the 30 respondents, the majority of respondents were aged between 20 - 35 years, 29 people (96.7%).

According to BKKBN (2016) the best gestational age is 20-35 years. According to Budgeti & Subakti (2013), aged 20 - 35 years, the physical condition of pregnant women is in prime condition, where the mother's uterus is able to function well to receive the fetus and mentally the mother is also very ready to become pregnant. Based on research results, it is known that the average age of pregnant women is 20-35 years so that pregnant women are ready to accept their pregnancy and accept the presence of their baby.

The results of this research are in line with research conducted by Salama (2016) which explains that pregnant women aged 20-35 years are ready to accept the presence of their baby and carry out all their duties as a mother, but still pregnancy at the age of 20-35 years can cause many changes in the life of pregnant women.

Knowledge Identification

Based on table 4.2, it is known that the level of knowledge of pregnant women in the working area of the Ulilin Community Health Center found that the majority of respondents' knowledge level was less, with 14 respondents (46.7%).

According to Notoatmodjo, (2018) Knowledge is the result of a person's knowledge of objects through the senses they have, namely the sense of hearing, sense of smell, sense of sight, sense of smell and sense of touch.

Causal factors that influence knowledge include 1). Level of education, education is an effort to improve a person's character so that the person can have good abilities. This education

influences a person's attitudes and behavior to mature through teaching; 2). Information, information is knowledge obtained from learning, experience, or instruction. This information can actually be found in everyday life because we can find this information around our environment, be it family, relatives or other media; 3). Environment, the environment is everything that is around the individual, be it the physical, biological or social environment and 4). Age, age can influence a person's ability to understand and think patterns. The older you get, the more your understanding and thinking patterns will develop so that your knowledge will improve (Notoatmodjo, 2018).

Good knowledge about antenatal care for pregnant women is useful as activities carried out to detect possible complications experienced, prepare for birth, and provide health and special education regarding pregnancy. A mother's knowledge about pregnancy is very necessary to carry out the pregnancy process. There are many sources of information that mothers can obtain to increase their knowledge about pregnancy, such as from health workers and mass media, electronic media and print media.

Based on the research results, it is known that the respondents' knowledge is not good. This must be addressed, because a mother's knowledge about pregnancy is very necessary to carry out the pregnancy process smoothly until the delivery process. Knowledge is a very important domain for the formation of a person's actions, in this case a pregnant mother will carry out pregnancy checks (antenatal care) regularly if the mother knows the benefits of antenatal care for her pregnancy.

The results of this research are in line with research conducted by ANC visits were 54.8%. Pregnant women aged 23-30 years 60.7%, not working 56.0%, higher education 59.5%, good knowledge 52.4%, have close distance 63.1%, active mother class 56.0%, get support from health workers 56.0%.

Based on the results, theory and related research, researchers are of the opinion that the level of knowledge of pregnant women is not good because their level of curiosity is low, the mother's education is not good, age, economic, socio-cultural factors, and many pregnant women think their pregnancy is fine. A pregnant woman's lack of knowledge about ANC can have a negative impact on the mother and fetus because pregnant women do not know what is needed for the baby and the pregnant woman herself, and are less aware of the danger signs of pregnancy.

Parity Identification

Based on table 4.3, it is known that the parity of mothers in the working area of the Ulilin Community Health Center is mostly primipara, with 16 respondents (53.3%).

The number of parities is one component of parity status which is often written with the notation G-P-Ab, where G represents the number of pregnancies (gestation), P represents the number of parities, and Ab represents the number of abortions. For example, a woman with parity status G3P1Ab1 means that the woman has been pregnant twice, with one parity and one abortion, and is currently pregnant for the third time (Stedman, 2003).

Primiparas are women who have given birth once (Manuaba, 2009). Primiparas are women who have given birth to a child, which is large enough to live in the outside world (Verney, 2006).

Parity is the number of children born to a mother both alive and dead. The unsafe parity for a mother to get pregnant and give birth is in the first pregnancy and high parity (more than 3), parity 2-3 is the safest parity from the point of view of maternal mortality (Fitriana, 2009).

Mothers who are experiencing pregnancy for the first time are something new so they are motivated to have their pregnancy checked by a health worker. On the other hand, mothers who have given birth to more than one child have the opinion that they are already experienced

and therefore do not have the enthusiasm to check their pregnancy. So mothers with high parity have a higher risk of maternal death.

Based on research, it is known that the parity of mothers in the working area of the Ulilin Community Health Center is mostly primipara, so it can be assumed that pregnant women with low parity can influence them to have pregnancy checks. This is because mothers with low parity do not understand the importance of antenatal care because they do not really understand about pregnancy, but in general pregnant women with low parity usually have a greater desire to have their pregnancy checked, because for low parity mothers this pregnancy is something they really hope for. so they really take care of their pregnancy by carrying out regular pregnancy checks to maintain the health of the fetus.

The results of this research are in line with research conducted by Dengo, M. R., & Mohamad, I. (2019) regarding "Factors Associated with Low Antenatal Visits at the First Contact Examination of Pregnant Women (K-1)", with the research results showing that pregnancy parity of Of the 163 respondents, 147 (90.2%) respondents had low pregnancy parity.

Based on the results, theory and related research, researchers are of the opinion that for primiparas who give birth to a child for the first time, pregnancy is generally a new thing and still requires information and experience so that they have the motivation and enthusiasm to carry out pregnancy checks. Primiparous pregnant women felt they needed more information about their pregnancy because they felt they had no experience when the pregnancy occurred. They feel more worried than multiparous pregnancies, so primiparous pregnant women will use more antenatal services than multiparous ones. Multiparous mothers feel they have more knowledge and experience than primiparas, even though each pregnancy has different circumstances and conditions will vary.

Identification of Active Antenatal Care Visits in first Trimester

Based on table 4.4, it is known that the activeness of the first trimester antenatal care visits for the majority of respondents had less active criteria, namely 18 respondents (60%).

Antenatal Care / ANC is often referred to as pregnancy care. Antenatal care is health care provided to pregnant women before and during pregnancy with the aim of early detection of maternal and fetal health problems, providing health counseling or education and birth planning (Madriwati, 2013). Antenatal care is health care provided by professional staff for pregnant women during pregnancy which is carried out in accordance with established standards of antenatal care (Ministry of Health of the Republic of Indonesia, 2016). Antenatal care is a service provided to pregnant women to monitor, support maternal health and detect whether pregnant women are normal or have problems (Ai Yeyeh, 2009).

According to Saifuddin (2014), check your pregnancy at least 4 times, namely at 1 to 3 months of pregnancy 1 time, 4 to 6 months 1 time and 7 to 9 months 2 times. If a pregnant woman does not have an examination, it will not be known whether the pregnancy is going well, experiencing high risk conditions and obstetric complications can endanger the lives of the mother and fetus and can cause death.

In this study, it was found that most of the respondents had criteria for not routinely checking their pregnancies due to the mother's lack of knowledge about the importance of monitoring the health of the mother and baby in her womb and also because they felt that there were no complaints during their pregnancy so they did not have their pregnancies checked regularly.

In line with Suryandari's (2013) research on ANC visits, it can be seen that the majority of ANC visits met standards, namely 26 respondents (86.7%), and ANC visits that did not meet standards were 4 respondents (13.3%).

Based on the results, theory and related research, researchers are of the opinion that pregnant women's lack of knowledge about pregnancy visits can increase the incidence of high-risk pregnancies. One of the roles of midwives in the community is to increase public health knowledge, especially about ANC. Antenatal Care (ANC) monitoring is an easy way to detect the health of pregnant women, whether there are problems with their pregnancy or the health of the pregnant woman herself.

Analysis of the Relationship between Knowledge Level and Active Trimester Antenatal Care Visits in the Ulilin Community Health Center Working Area

The results of the research analysis regarding the relationship between the level of knowledge and the activeness of first trimester antenatal care visits in the Ulilin Community Health Center Working Area, based on statistical tests using the *Chi-Square* results were obtained $p = 0,047 < 0,05$ eye H_0 rejected and H_1 accepted, which means there is a relationship between the level of knowledge and the activeness of antenatal care visits in the working area of the Ulilin Community Health Center. With a correlation coefficient value of 0.412, which means the level of relationship is in the sufficient relationship category, where the correlation value range is between 0.40-0.599, which is included in the sufficient relationship category (Sugiyono, 2010).

Damayanti (2009), said that the better the level of understanding of pregnant women about ANC, the better the level of compliance in carrying out ANC and if multigravida mothers have good knowledge about ANC then it is more likely that mothers will think in determining attitudes and behavior to prevent and avoid it. or overcome future pregnancy problems. Other literature states that multigravida pregnant women have a better level of knowledge about ANC than primigravida mothers, if the mother's knowledge is good then her antenatal visits will also be good (Rezeki & Choiriyah, 2015; Shafqat et al, 2015).

The level of ANC compliance and awareness is influenced by educational status, employment, and the number of ANC visits visited (Demissie, 2015). Meanwhile, non-compliance is generally caused by a lack of understanding of instructions (Pratiti, 2013). Good knowledge about the importance of pregnancy checks can encourage mothers' awareness to be active in carrying out routine ANC visits so that the goals of antenatal care can be achieved (Siregar, 2001).

Mothers who are compliant in carrying out ANC visits will receive information about the importance of maintaining pregnancy and the development and growth of the fetus, while mothers who are not compliant are expected to be able to be active and raise awareness in carrying out ANC visits, so that the nutritional needs of the mother and fetus can be met, then the mother can immediately get treatment and health services if there are problems during the pregnancy process, so that mothers are encouraged to carry out regular pregnancy visits (Hardiani, 2012).

Based on the research results, it is known that there are 3 pregnant women with less active knowledge of ANC visits, this is because pregnant women comply with the pregnancy visit schedule that has been conveyed by the midwife to routinely check their pregnancy to maintain the health of the mother and baby during pregnancy.

In the researcher's opinion, there is a relationship between the level of knowledge and the activeness of first trimester antenatal care visits in the Ulilin Health Center Working Area. In this study, this research proves that pregnant women's knowledge about ANC has an impact on the activeness of pregnant women in carrying out examinations in the first trimester. This is proven by the results of this study, namely that there is The relationship between the level of knowledge and the activeness of first trimester antenatal care visits. Other things that support the knowledge and activeness of carrying out antenatal care visits by respondents are poor

maternal education, age, economic, socio-cultural factors, and many pregnant women who consider their pregnancy to be good. just. The lack of knowledge of pregnant women about ANC can have a negative impact on the mother and fetus because pregnant women do not know what is needed for the baby and for the pregnant woman herself, and are less aware of the danger signs of pregnancy..

The results of this research are in line with research conducted by (0.012), employment level ($p=0.021$), education ($p=0.022$), knowledge ($p=0.044$), distance ($p=0.003$), mother's class ($p=0.003$), health worker support ($p=0.003$), with ANC visit to the Candipuro Health Center Working Area, South Lampung. The most dominant factor was mother's class compared to other variables ($p=0.002$ and $OR=5.004$).

This research is in accordance with research conducted by Tamaka (2013) with the results of the chi-square statistical test obtaining a value of $p = 0.031$. Knowledge of pregnant women is related to the regularity of pregnancy checks. Research conducted by Sari, et al (2015) showed that there was a significant relationship between knowledge and the use of antenatal services ($p \text{ value} = 0.001$). With good knowledge of pregnant women, pregnant women will understand how important it is to carry out antenatal care checks in health services. This research is not in accordance with research conducted by Vitriyani et al (2012) where the results of the research did not have a significant relationship with the knowledge variable.

Based on the results, theory and related research, the researcher believes that the level of knowledge of pregnant women is very influential on the health of pregnant women and babies, because if there are signs of danger to the mother or fetus, the mother will know about it, and the mother will consult a health worker, be it a midwife. or doctors. Based on the results of related theories, researchers are of the opinion that by carrying out pregnancy checks from the start it will be easier to find out the baby's development. Such as carrying out routine Antenatal Care (ANC) visits at least once in the first trimester, 1-12 weeks of gestation, at least 1 time in the second trimester, 13-24 weeks of gestation, and at least 2 times in the third trimester, gestational age >24 weeks, and Get TT immunization for pregnant women.

Analysis of the Relationship between Parity and the Activeness of First Trimester Antenatal Care Visits in the Ulilin Community Health Center Working Area

The results of the research analysis regarding the relationship between parity and the activeness of first trimester antenatal care visits in the Ulilin Community Health Center Working Area, based on statistical tests using the *Chi-Square* results were obtained $p = 0,027 < 0,05$ eye H_0 rejected and H_1 accepted, which means there is a parity relationship with the activity of first trimester antenatal care visits in the Ulilin Community Health Center working area. With a correlation coefficient value of 0.441, which means the level of relationship is in the sufficient relationship category, where the correlation value range is between 0.40-0.599, which is included in the sufficient relationship category (Sugiyono, 2010).

Pregnant women with high parity tend to think that they already have experience in pregnancy and childbirth, so they are not too worried about their current pregnancy. Meanwhile, those at parity 2-3 feel that pregnancy checks are an obligation in every pregnancy so they feel the need to have regular pregnancy checks (Pongsifeld 2013).

Multigravida mothers who have good knowledge about their pregnancy will have a high awareness of caring for their pregnancy. One of the efforts made is to schedule pregnancy checks, the benefits of pregnancy checks, danger signs of pregnancy, high risks of pregnancy and where to check for pregnancy and make routine visits for check-ups (Irmayanti, 2007). This is related to what Mubarak (2007) said, that previous experiences and memories can influence a person's knowledge and ultimately obtain deeper knowledge. So, the high level of experience and knowledge of multigravida mothers is expected to encourage activeness in carrying out ANC visits.

Based on the research results, it is known that there is 1 grand multigravida pregnant woman who is less active in making ANC visits, this is because the mother felt that during her previous pregnancy she did not make regular ANC visits, there were no problems with her pregnancy, so for the current pregnancy the mother is reluctant to make regular ANC visits. because she thought her pregnancy would be fine even if she didn't have regular ANC visits.

In the opinion of researchers, there is a relationship between parity and the activeness of first trimester antenatal care visits in the Ulilin Health Center Working Area. In this study, this research proves that the parity of pregnant women has an impact on the activeness of pregnant women in carrying out examinations in the first trimester. This is proven by the results of this study, namely that there is a relationship between parity and activeness of first trimester antenatal care visits. Another thing that supports parity and activeness in carrying out antenatal care visits carried out by respondents is that birth distances that are too close will cause the quality of the fetus/child to be low and will also be detrimental to the mother's health, the mother does not get the opportunity to improve her own body. because the mother needs sufficient energy to recover after giving birth to her child.

The results of this research are in line with research conducted by Dengo, M. R., & Mohamad, I. (2019) regarding "Factors Associated with Low Antenatal Visits at the First Contact Examination of Pregnant Women (K-1)" with the research results showing that based on the chi square test The p value was obtained ($0.038 < \alpha 0.05$). This shows that there is a significant relationship between pregnancy parity and antenatal visits (K-1). This is because people still have a view of life where having many children is a gift and brings good fortune which is still closely attached, however, people are given information about the dangers or risks of having close pregnancies or parity as a risk factor that can endanger the health of the mother and fetus.

Similar research was conducted by Sari et al (2015) who stated that there was a significant relationship between parity and the use of antenatal services (p value = 0.05). This research is not in accordance with research conducted by Vitriyani et al (2012), where the results showed that there was no significant relationship with the pregnancy parity variable.

Based on the results, theory and related research, the researcher believes that parity greatly influences ANC visits because one of the factors that influences ANC visits is parity. Parity is the number of live births experienced by a woman. Pregnant women who are experiencing their first pregnancy or are primiparous tend to be more diligent in making ANC visits because they feel they lack knowledge about pregnancy and the health of pregnant women. They tend to seek information and support from health workers more often to ensure fetal health and good preparation for childbirth. Meanwhile, pregnant women with more than two pregnancies or who are multiparous tend to be less diligent in making ANC visits because they feel they understand pregnancy and are busier with household matters.

Conclusion

1. Based on table 4.1, it is known that of the 30 respondents, the majority of respondents were aged 21-25 years, 12 people (40.0%).
2. Based on table 4.2, it is known that the level of knowledge of pregnant women in the working area of the Ulilin Community Health Center found that the majority of respondents' knowledge level was poor, namely 14 respondents (46.7%).
3. Based on table 4.3, it is known that the parity of mothers in the working area of the Ulilin Community Health Center is mostly primipara, with 16 respondents (53.3%).
4. Based on statistical tests using tests *Chi-Square* results were obtained $p = 0,047 < 0,05$ eye H_0 rejected and H_1 accepted, which means there is a relationship between the level of knowledge and the activeness of the visit *antenatal care* in the working area of the Ulilin

Health Center. With value *correlation coefficient* 0.412, which means the level of relationship is in the sufficient relationship category, where the correlation value range is between 0.40-0.599, which is included in the sufficient relationship category.

5. Based on statistical tests using tests *Chi-Square* results were obtained $p = 0,027 < 0,05$ eye H_0 rejected and H_1 accepted, which means there is a parity relationship with the activity of first trimester antenatal care visits in the Ulilin Community Health Center working area. With value *correlation coefficient* 0.441, which means the level of relationship is in the sufficient relationship category, where the correlation value range between 0.40-0.599 is included in the sufficient relationship category.

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