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RELATIONSHIP BETWEEN PERCEIVED BENEFIT AND PERCEIVED BARRIER OF PREGNANT WOMEN WITH K6 VISITING BEHAVIOR

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ABSTRAK : HUBUNGAN *PERCEIVED BENEFIT* DAN *PERCEIVED BARRIER* IBU HAMIL DENGAN PERILAKU KUNJUNGAN K6

Latar Belakang : Data laporan Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak (PWS KIA) Puskesmas Dander tahun 2021, didapatkan masalah capaian K6 di Puskesmas Dander yaitu belum mencapai target, dengan kesenjangan sebanyak 33,9% dengan target K6 tahun 2021 sebesar 100% sementara Puskesmas Dander pada tahun 2021 capaian K6 sebesar 66,1% dari jumlah ibu hamil sebanyak 563. Tujuan : Untuk menganalisis hubungan *perceived benefit* dan *perceived barrier* ibu hamil dengan perilaku kunjungan K6. Metodologi : Rancangan penelitian ini adalah analitik *cross sectional.* Sampelnya adalah ibu hamil trimester 3 (usia kehamilan 30-40 minggu) di Puskesmas Dander Kabupaten Bojonegoro bulan Desember 2022 berjumlah 53 orang. Analisa data menggunakan uji Chi square dengan uji alternatif *Fisher Exact* dengan taraf signifikan α = 0,05. Hasil Penelitian : *Perceived benefit* didapatkan nilai P value **=** 0,730 artinya tidak ada hubungan *perceived benefit* ibu hamil dengan perilaku kunjungan K6 dan *perceived barrier* didapatkan nilai P value **=** 0,464 artinya tidak ada hubungan *perceived barrier* ibu hamil dengan perilaku kunjungan K6. Kesimpulan : ***P**erceived benefit* dan *perceived barrier* ibu hamil tidak berhubungan dengan perilaku kunjungan K6 . Saran : Ibu hamil diharapkan lebih meningkatkan pengetahuan tentang manfaat melakukan kunjungan K6 sesuai dengan peraturan pemerintah yaitu 6 kali selama hamil.

Kata Kunci : *Perceived Benefit, Perceived Barrier*, Perilaku Kunjungan K6

ABSTRACT

Background **:**Data from the Local Area Monitoring Report for Maternal and Child Health (PWS KIA) of Dander Health Center in 2021, found that the K6 achievement problem at Dander Health Center had not reached the target, with a gap of 33.9% with the 2021 K6 target of 100% while Dander Health Center in 2021 achieved K6 of 66.1% of the total number of pregnant women as many as 563. Objective: To analyze the relationship between perceived benefits and perceived barriers of pregnant women with K6 visit behavior. Methodology: The design of this study was cross-sectional analytic. The sample was 53 pregnant women in the third trimester (gestational age 30-40 weeks) at Dander Health Center, Bojonegoro Regency in December 2022. Data analysis used the Chi-square test with the Fisher Exact alternative test with a significance level of α = 0.05. Research Results: Perceived benefit obtained a P value = 0.730, meaning there is no relationship between perceived benefit of pregnant women and K6 visiting behavior and perceived barrier obtained a P value = 0.464, meaning there is no relationship between perceived barrier of pregnant women and K6 visiting behavior. Conclusion: Perceived benefit and perceived barrier of pregnant women are not related to K6 visiting behavior.
Suggestion **:**Pregnant women are expected to increase their knowledge about the benefits of conducting K6 visits in accordance with government regulations, namely 6 times during pregnancy.

Keywords: Perceived Benefit, Perceived Barrier, K6 Visit Behavior.

INTRODUCTION

Antenatal Care(ANC) is care provided to mothers before giving birth or prenatal care (Fitrihadi, 2017). ANC during pregnancy is not only for preventing death and morbidity, but also as a human rights-based approach. Women want a positive pregnancy experience through ANC such as maintaining physical normality, maintaining a healthy pregnancy for the mother and baby (WHO, 2016). Assessment of the implementation of maternal health services can be done by looking at the first (K1), fourth (K4), and sixth (K6) coverage (Indonesian Health Profile, 2021). In mid-2021, Minister of Health Regulation No. 21 of 2021 was issued concerning the implementation of

health services before pregnancy, pregnancy, childbirth, and the postpartum period, contraceptive services, and sexual health services, where K4 becomes K6, namely visits by pregnant women at least 6 times during their pregnancy, namely 1 time in the first trimester, 2 times in the second trimester and 3 times in the third trimester (Bojonegoro Regency Health Profile, 2021).

Coverage of maternal health services K6 according toprovinces in Indonesia in 2021 amounted to 63% of the total number of pregnant women as many as 4,884,711 with one of the provinces, namely East Java, which has not reached the target of 58.7% of the total number of pregnant women as many as 592,735 (Indonesian Health Profile, 2021). Coverage of K6 maternal health services per Regency/City in East Java Province in 2021, Bojonegoro Regency was 82.99% (Bojonegoro Regency Health Profile, 2021). In the Dander Health Center area, based on data from the 2021 Dander Health Center Maternal and Child Health Monitoring (PWS KIA) report, it was found that the K6 achievement problem at the Dander Health Center had not reached the target, with a gap of 33.9% with the 2021 K6 target of 100% while the Dander Health Center in 2021 achieved K6 of 66.1% from a total of 563 pregnant women (PWS KIA Report of the Dander Health Center, 2021).

The decline in K6 coverage in the Dander Health Center area of Bojonegoro Regency was influenced by mothers' ignorance of the importance of pregnancy check-ups, not having time because they were busy working, husbands not having time to take mothers for pregnancy check-ups, and considering pregnancy as a common thing that every woman will face so there is no need for routine check-ups (Siwi, 2020).Factors that influence the behavior of pregnant women in making ANC visits are related to the Health Belief Model (HBM) behavioral theory. Based on the HBM theory in Irwan (2017), the factors that are the causes of behavior according to the HBM theory are influenced by the perceived vulnerability due to side effects if they do not comply with K6 visits (perceived susceptibility), the severity of complications during pregnancy if they do not make K6 visits (perceived severity), the benefits felt by pregnant women making K6 visits (perceived benefits), the obstacles felt by pregnant women that hinder K6 visit behavior (perceived barriers), cues to action, other variables, and self-confidence felt when making K6 visits (self-efficacy) (Irwan, 2017). Based on the results of research conducted by Arif Dwi Mulyanto (2015), there is a relationship between perceived benefits and perceived barriers of pregnant women with ANC visit behavior. Another study that is not in line was conducted by Lestari (2018), that there is no relationship between barriers (economic factors, distance from health facilities, and work) with ANC visit behavior. ANC visits if not carried out regularly can cause danger to the mother and fetus, such as the mother not knowing about abnormalities in the mother and fetus and not knowing the risk factors that may occur in the mother (Sundari, 2018).

The Ministry of Health through the Directorate of Health Promotion and Community Empowerment is trying to overcome these problems by holding the National Movement for Healthy Pregnant Women (Bumil) through the Healthy Bumil campaign which is held simultaneously throughout Indonesia. The implementation of the National Bumil Sehat Movement is expected to provide information to the public about the importance of conducting routine check-ups for pregnant women so that the mother's delivery goes smoothly and the baby is born healthy and safe (Ministry of Health of the Republic of Indonesia, 2022). Another effort is carried out by the Bojonegoro Regency Government through the local Health Office to conduct outreach to village-based pregnant women's companions or cadres to discipline and motivate pregnant women to routinely check their pregnancies (Bojonegoro Regency Health Office, 2020). In addition, midwives can provide home care services or come to the pregnant woman's house to conduct pregnancy check-ups and counseling if the mother does not come to the Health Center (Yanuaria et al., 2013).

ObjectiveThis study is generally to analyze the relationship between perceived benefits and perceived barriers of pregnant women with K6 visiting behavior at the Dander Health Center, Bojonegoro Regency.

RESEARCH METHODS

This type of research is analytical research with a research design.analytic *cross sectional.*The study was conducted in February-March 2023. The sample was 53 pregnant women in their third trimester (gestational age 30-40 weeks) at the Dander Health Center, Bojonegoro Regency in December 2022. The sampling method in this study used the proportional random sampling technique.The inclusion criteria for this study are:
1. Pregnant women in their third trimester (gestational age 30-40 weeks) who made ANC visits according to government regulations at the Dander Health Center, Bojonegoro Regency and have signed the informed consent for the research.
2. Pregnant women in their third trimester (30-40 weeks of pregnancy) can communicate well, write and read.

All samples met the inclusion criteria. The data collected were sourced from secondary data taken from the KIA book or maternal cohort and primary data by asking closed questions using a questionnaire that would be

answered by the respondents. The instruments used in this study were questionnaires and observation sheets. The independent variables were perceived benefits and perceived barriers. The dependent variable was K6 visiting behavior. Data collection used questionnaires and observation sheets. Data analysis used the Chi square test with the Fisher Exact alternative test.with a significance level of α= 0.05.

RESEARCH RESULT
Respondent Characteristics

Table 1
Distribution based on characteristics of pregnant women

Variables	Amount	Percentage (%)
Age		
< 20 years	5	9.43
20-35 years	46	86.80
> 35 years	2	3.77
Education		
SD	3	5.66
Junior High	11	20.75
School	26	49.06
High School	13	24.53
College		
Work		
Housewife	39	73.58
Private sector	10	18.87
employee	0	0
civil servant	4	7.55
Other		
pregnancy		
Primigravida	28	52.83
Multigravida	25	47.17

Data source: Primary data (2022)

Based on table 1 above shows the distribution of characteristics of pregnant women based on age, education, occupation, and gravida. Age category that most or 86.80% of pregnant women are 20-35 years old, education category that most or 49.06% of pregnant women have a high school education, occupation category that most or 73.58% of pregnant women work as housewives, gravida category that most or 52.83% of pregnant women are primigravida.

Perceived Benefit of K6 Visit

Table 2
Frequency Distribution*Perceived Benefits of Pregnant Women Undergoing K6 Visits*

Perceived Benefit	Amount	Percentage (%)
Not sure	30	56.6
Certain	23	43.4

Based on table 2 above, it shows that the majority of pregnant women are not sure about the benefits (perceived benefits) of carrying out a K6 visit, namely 30 pregnant women (56.6%).

Perceived Barrier K6 Visit

Table 3
Frequency Distribution*Perceived Barrier Pregnant Women Undergo K6 Visits*

Perceived Barrier	Amount	Percentage (%)
Not sure	18	34.0

Certain	35	66.0

Based on table 3 above, it shows that the majority of pregnant women believe there are barriers (perceived barriers) to making K6 visits, namely 35 pregnant women (66.0%).

K6 Visit Behavior

Table 4
Frequency Distribution of K6 Visit Behavior

K6 Visit Behavior	Amount	Percentage (%)
Irregular	10	18.9
Regular	43	81.1

Based on table 4 above, it shows that the majority of pregnant women regularly make K6 visits, namely 43 pregnant women (81.1%).

Connection*Perceived benefits of pregnant women with K6 visiting behavior*
Table 5
Cross Tabulation of Relationships*Perceived Benefits of Pregnant Women with K6 Visit Behavior at Dander Health Center, Bojonegoro Regency*

Perceived benefits	K6 Visit Behavior		Amount n (%)	p value
	Irregular n (%)	Regular n (%)		
Not sure	5 (16.7)	25 (83.3)	30 (100.0)	
Certain	5 (21.7)	18 (78.3)	23 (100.0)	0.730
Amount	10 (18.9)	43 (81.1)	53 (100.0)	

Based on table 5 above, it shows that most (83.3%) pregnant women are not sure about the benefits (perceived benefits) of conducting K6 visits but tend to conduct K6 visits regularly. From the two variables after statistical testing using the Chi Square test, 1 cell was obtained with an expected count so that the alternative Fisher's Exact test was used with a significant value of p value = 0.730 > α (0.05), so H0 is accepted, which means H1 is rejected, so there is no relationship between the perceived benefits of pregnant women and the behavior of K6 visits at the Dander Health Center, Bojonegoro Regency.

Connection*Perceived barriers of pregnant women with K6 visiting behavior*
Table 6
Cross Tabulation of the Relationship between Perceived Barriers of Pregnant Women and K6 Visit Behavior at the Dander Health Center, Bojonegoro Regency

Perceived barrier	K6 Visit Behavior		Amount n (%)	p value
	Irregular n (%)	Regular n (%)		
Not sure	2 (11.1)	16 (88.9)	18 (100.0)	
Certain	8 (22.9)	27 (77.1)	35 (100.0)	0.464
Amount	10 (18.9)	43 (81.1)	53 (100.0)	

Based on table 6 above, it shows that most (88.9%) pregnant women are not sure about the barriers (perceived barriers) to make K6 visits but tend to make K6 visits regularly. From the two variables after statistical testing using the Chi Square test, 1 cell was obtained with an expected count so that the alternative Fisher's Exact test was used with a significant value of p value = 0.464> α (0.05), so H0 is accepted, which means H1 is rejected, so there is no relationship between perceived barriers of pregnant women and K6 visit behavior at the Dander Health Center, Bojonegoro Regency.

DISCUSSION

Identification of Perceived Benefits of K6 Visits

Based on the research results, it was found that of the 53 pregnant women at the Dander Health Center in Bojonegoro Regency who were respondents, the majority of pregnant women were not sure about the benefits.*(perceived benefit) of conducting K6 visits, namely 30 pregnant women (56.6%) and***sure of the benefits***(perceived benefit) of conducting K6 visits was 23 pregnant women (43.4%).*

Perceived benefit is a belief in the benefits felt by an individual when performing healthy behavior. The construction of perceived benefits is a person's opinion about the usefulness of a behavior in reducing the risk of disease (Rachmawati, 2019). If an individual feels vulnerable to diseases that are considered serious, he or she will take certain actions. This action depends on the perceived benefits and the obstacles found in taking the action (MRL, 2019).

Pregnant women who are unsure about the benefits(perceived benefit) conducting K6 visits more than pregnant women who are sure of the benefits (perceived benefit) of conducting K6 visits. The uncertainty of the benefits of pregnant women due to the education factor, the majority of whom are high school graduates, thus affecting the knowledge of pregnant women. The knowledge of pregnant women can be obtained by remembering previous memories through experience.

Identification of Perceived Barriers to K6 Visits

Based on the research results, it is known that of the 53 pregnant women at the Dander Health Center in Bojonegoro Regency who were respondents, the majority of pregnant women were convinced of the barriers (perceived barriers) to making K6 visits, namely 35 pregnant women (66.0%) and pregnant women were not convinced of the barriers (perceived barriers) to making K6 visits, namely 18 pregnant women (34.0%).

Perceived barrieris a negative aspect of an individual that prevents the individual from behaving healthily, because making changes is not an easy thing (Rachmawati, 2019).

Pregnant women who are convinced of the barriers (perceived barriers) make more K6 visits compared to pregnant women who are not convinced of the barriers (perceived barriers) to make K6 visits. This is because there are pregnant women who are busy working so they often forget the schedule for K6 visits, do not want to make K6 visits if the health center is crowded because it will waste time, and do not get permission from their husbands because there are high-risk pregnancies, namely mothers aged <20 years and >35 years. This worries the husband and wants to know together the development of the mother's pregnancy and her fetus. Another cause is not having the money because the income comes from a working husband. Husband's support is very important for mothers during pregnancy, especially in playing a role in pregnancy check-ups where the cost factor must be borne entirely by the husband.

Identification of K6 Visit Behavior

Based on the research results, it is known that of the 53 pregnant women at the Dander Health Center in Bojonegoro Regency who were respondents, the majority of pregnant women regularly made K6 visits, namely 43 pregnant women (81.1%) and did not regularly make K6 visits, namely 10 pregnant women (18.9%).

Behavior in general terms is all actions carried out by living things. Behavior is an action and reaction of an organism to its environment (Irwan, 2017). Behavior is the second largest factor after environmental factors that affect the health of individuals, groups, or communities (Notoatmodjo, 2014).

Pregnant women who regularly make K6 visits are more likely than pregnant women who do not make K6 visits regularly. The regularity of pregnant women in making K6 visits is due to enabling factors such as the availability of health facilities and reinforcing factors such as the behavior of midwife health workers who remind them of the K6 visit schedule every day.

Analysis of the Relationship between Perceived Benefits of Pregnant Women and K6 Visit Behavior

Based on the research results, it is known that the majority (83.3%) of pregnant women are not sure about the benefits*(perceived benefit) conducting K6 visits but tend to conduct K6 visits regularly. The results of statistical tests using the Chi Square test obtained 1 cell with an expected count so that the alternative Fisher's Exact test was used with a significant value of p value = 0.730 > α (0.05), so H0 was accepted, which means H1 was rejected, so there was no relationship between perceived benefits of pregnant women and K6 visiting behavior at the Dander Health Center, Bojonegoro Regency.*

Perceived benefits play an important role in determining behavior for secondary prevention (Rachmawati, 2019). If an individual feels vulnerable to diseases that are considered serious, he will take certain actions. This

action depends on the perceived benefits and the obstacles found in taking the action (MRL, 2019). A person's belief in an object will influence his behavior. Good beliefs will encourage someone to act according to their beliefs (Notoatmodjo, 2014).

The results of this study do not match the existing theory. Pregnant women are not convinced of the benefits *(perceived benefit) conducting K6 visits but tend to conduct K6 visits regularly. The reason for not being sure is because of the education factor, mostly high school. Education affects a person's level of knowledge, the higher a person's level of education, the easier it is for that person to find information to maintain and improve their health. Previous pregnancies affect a person's level of knowledge. The more often a person is pregnant, the easier it is for them to obtain or remember information about pregnancy that they have received from previous pregnancies. The uncertainty of the benefits of pregnant women is because most respondents in the study have never been pregnant or have not had experience of pregnancy so they do not know what they get and the purpose of conducting K6 visits causes them to be unsure of the benefits (perceived benefit). The benefits of conducting K6 visits that pregnant women do not know include several, namely mothers do not receive medication to overcome complaints or are only given health education, do not know the development of fetal weight estimates, normal fetal movements per day, and cannot hear the fetal heartbeat in pregnant women whose visits only do laboratory examinations on referral from the village clinic. The regularity of pregnant women in conducting K6 visits is due to persuasion and invitations from health workers and cadres. Another factor is the availability of health facilities such as community health centers, village health clinics that support and are strengthened by the existence of laws that require pregnant women to undergo regular pregnancy check-ups at least 6 times during pregnancy. The results of this study are in line with research conducted by Sari Priyanti (2020), that mothers' beliefs about pregnancy check-ups do not have a significant effect on the frequency of ANC visits. Although most respondents have negative beliefs and a small number are positive, they do not show any difference. In his study, he stated that the characteristics of maternal parity were mostly primiparous, namely 75 people (53.6%). Another study conducted by Faradhika (2018), that there were respondents who regularly visited ANC but had a negative culture about the benefits of visiting ANC. This is usually because the mother's education level is high so that they believe in several cultures related to pregnancy, but this does not become a barrier to continuing to regularly visit ANC.*

Analysis of the Relationship between Perceived Barriers of Pregnant Women and K6 Visit Behavior

Based on the study, it is known that most (88.9%) pregnant women are not sure about the barriers (perceived barriers) to make K6 visits but tend to make K6 visits regularly. The results were statistically tested using the Chi Square test, obtained 1 cell with an expected count so that the alternative Fisher's Exact test was used with a significant value of p value = 0.464 > α (0.05), so H0 is accepted, which means H1 is rejected, so there is no relationship between perceived barriers of pregnant women and K6 visit behavior at the Dander Health Center, Bojonegoro Regency.

Perceived barrier is a negative aspect of an individual that prevents the individual from behaving healthily, because making changes is not an easy thing. It is owned by the individual himself evaluating the obstacles in the way the individual carries out a new behavior of all constructions, perceived obstacles are the most significant in determining behavioral change (Rachmawati, 2019). These perceived obstacles inhibit further action or involvement in my behavior. In this case, obstacles can be in terms of discomfort, cost or fear of screening procedures (Swarjana, 2022).

The results of this study do not match the existing theory. Pregnant women who are not sure about the barriers (perceived barriers) regularly make K6 visits. The reason for not being sure is because most respondents are primigravida so they still make K6 visits because they are worried that something will happen to their pregnancy even though there are no complaints, still make K6 visits even though the health center is far away because they have transportation that can reach health services/health centers, have a lot of time because most of the mothers work as housewives and this is currently their first pregnancy so they are not busy taking care of children, get support from cadres. Another reason is that most pregnant women do not have risk factors or complications (most are aged 20-35 years) so they still make visits even though they are not accompanied by their husbands and are not afraid for certain reasons such as being afraid when blood pressure checks, antigen swabs, and supporting laboratory examinations are carried out. The regularity of pregnant women in making K6 visits is due to the appeal from health workers through the WhatsApp group per village and if they do not make a visit after being reminded through the group, the village midwife makes a home visit to the pregnant woman. However, for pregnant women who do not visit during the scheduled laboratory examination, health workers immediately make home visits. The results of this study are in line with research conducted by Nisaa (2022), which states that there is no significant relationship between the perception of obstacles felt and the behavior of pregnant women visiting ANC during the

Covid-19 pandemic. The study stated that most of the respondents were primiparous, 64 people (58.2%). Respondents with primiparous parity tend to feel worried and have a greater desire to know about their pregnancy because this pregnancy is their first experience so they are motivated to make ANC visits according to standards even during the Covid-19 pandemic. Another study conducted by Lestari (2018) found that there was no relationship between obstacles and ANC visiting behavior. The study stated that the majority of respondents did not work or were housewives so they regularly made ANC visits because they had a lot of time compared to working mothers who would find it difficult because of the lack of time they had. In addition, although most of the mothers' homes were far from health facilities, they still made regular visits because they had a desire to check their pregnancy. From the family income variable, most of the low-income families did not regularly make ANC visits. Irregular is not because they do not have the funds but because there are other reasons such as selling that cannot be left. This is very unfortunate because pregnancy checks at the health center are free or do not charge any fees.

CONCLUSION

Based on the research that has been conducted, it can be concluded that most pregnant women are not sure about the benefits/perceived benefits of K6 visits and most pregnant women are sure about the barriers/perceived barriers of K6 visits. There is no relationship between the perceived benefits of pregnant women and the behavior of K6 visits at the Dander Health Center, Bojonegoro Regency. There is no relationship between the perceived barriers of pregnant women and the behavior of K6 visits at the Dander Health Center, Bojonegoro Regency.

SUGGESTION

Pregnant women are expected to increase their knowledge about the benefits of conducting K6 visits in accordance with government regulations, namely 6 times during pregnancy.

Health workers are expected to increase counseling to pregnant women about the benefits of conducting K6 visits in accordance with government regulations, namely 6 times during pregnancy.

The results of this study can be used by educational institutions as additional references for student learning materials so that they can increase insight into the relationship between perceived benefits and perceived barriers of pregnant women with K6 visiting behavior.

Further research can be used as a reference or basis and develop by conducting further research on the relationship between perceived benefits and perceived barriers of pregnant women with K6 visiting behavior at different research locations by adding cause to action variables.

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