

## The Factors affecting with Four Visited at Public Health Centre Sub Province Mimika Papuan Province

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### ABSTRACT

**Introduction:** The access of health by mother pregnant can be monitoring with ANC rate. One of the problems is not to gotten the standard by visited in first and then the last four visited.

**Method Research:** Descriptive study with cross-sectional study design. Research executed on May 2018 in Public health centre Sub Province Mimika with population is pregnant as much 86 mother with purposive sampling. Data approach used questionnaire and analyzed used chi square test and logistics binary regression.

**Result of research:** The factors is not affecting to visited ANC four at Public Health Centre Sub Province Mimika Papuan Province is age ( $p = 0,484$ ;  $RP = 0,633$ ;  $CI95\% (0,239-1,681)$ ) and job description ( $p = 0,650$ ;  $RP = 1,185$ ;  $CI95\% (0,717-1,958)$ ). The factors is affecting to visited ANC four at Public Health Centre Sub Province Mimika Papuan Province is studies ( $p = 0,000$ ;  $RP = 3,415$ ;  $CI95\% (1,612-7,275)$ ), knowledge ( $p = 0,00$ ;  $RP = 2,095$ ;  $CI95\% (1,253-3,504)$ ), attitude ( $p = 0,000$ ;  $RP = 3,833$ ;  $CI95\% (2,077-7,074)$ ), husband support ( $p = 0,003$ ;  $RP = 2,296$ ;  $CI95\% (1,286-4,097)$ ), access health care ( $p = 0,000$ ;  $RP = 2,642$ ;  $CI95\% (1,478-4,724)$ ) and family income ( $p = 0,049$ ;  $RP = 1,705$ ;  $CI95\% (1,035-2,808)$ ). Studies, attitude husband support and access health care is dominant factor to four visited antenatal care.

**Keyword:** ANC, Four Visited, Publis Health Centre, Mimika

### 1. INTRODUCTION

World Health Organization (WHO, 2014) worldwide every year more than 800 mothers die during pregnancy or childbirth every day. Maternal mortality and

morbidity, maternal and childbirth are still major problems including Indonesia. In poor countries, around 25-50% of women of child bearing age are caused by problems related to pregnancy and childbirth, and postpartum (Kemenkes RI, 2013). Utilization of antenatal services by a pregnant woman can be seen from the coverage of antenatal care, one of which is coverage of antenatal visit less than minimum standard. The scope of antenatal care can be monitored through the coverage of the first visit (K1) and the fourth visit (K4). K1 coverage is the coverage of pregnant women who receive antenatal care according to the first standard in pregnancy and not depending on gestational age (K1) consisting of pure K1 (first pregnancy visit with 0-12 weeks gestation) while K1 contact is the first visit through of 12 weeks' gestation, while coverage of K4 pregnant women's visit is coverage of pregnant women who have received antenatal care according to the standard at least 4 times in one work area for a certain period of time. Pregnant women are advised to perform antenatal monitoring at least 4 times, once in the first trimester, once in the second trimester, and twice in the third trimester (Romauli, 2011).

Antenatal Care (ANC) is a prenatal examination to optimize the physical mental health of pregnant women so as to be able to deal with childbirth, postpartum, preparation of breastfeeding and a reasonable return of reproductive health to reduce maternal mortality. With antenatal care services can detect complications in pregnancy and

childbirth (Candra, 2013). Data from the Ministry of Health based on the National Basic Health Research (Riskesdas, 2010) coverage of K1 in 2010 was 95.26% and K4 coverage was 85.56%. The amount is still less than the national target, namely 100% K1 coverage and 95% K4. While in the data of National Basic Health Research (Riskesdas, 2013) 95.4% of pregnancy examination (K1) and frequency of pregnancy at least 4 times during pregnancy is 83.5%. The ideal coverage of K1 nationally was 81.6% with the lowest coverage in Papua (56.3%) and the highest in Bali (90.3%). K4 coverage nationally is 70.4%. The difference between ideal K1 coverage and K4 nationally shows that 12% of mothers receiving ideal K1 did not continue ANC to a minimum standard (K4).

Report of Dinas Kesehatan Provinsi Papua (2016), in 2014 coverage K1 58,1% and K4 33,6%, while in 2015 coverage K1 56% and K4 24%. While data of Mimika Regency Health Office 2015 coverage of K1 as much as 111% and K4 as much as 49,4%. In 2016 K1 coverage of 118.3% and K4 of 45.3% and in 2017 coverage of K1 as 91% and K4 as much as 45%. This shows that the target of ANC coverage in 2017 decreased K1 and K4 was not achieved as per 95% standard (Mimika Regency Health Office 2017).

Based on data of Local Area Monitoring (PWS) at Limau Asri Public Health Center in Mimika Regency in 2015 coverage of K1 is 94,3% and K4 is 69,8%, 2016 coverage of K1 is 23,7% and K4 is 14,9%, 2017 coverage K1 as much as 33% and K4 as much as 22%. Puskesmas Wania in 2015 K1 coverage as much as 104% and K4 as much as 37.4%, 2016 coverage of K1 as much as 227% and K4 as much as 81%, in 2017 coverage K1 as much 76% and K4 as much as 44%. Whereas at Puskesmas Timika Jaya in 2015 K1 coverage as much as 138,7% and K4 as much as 73,3%, 2016 coverage of K1 equal to 220,8% and K4 as 127,8%, 2017 coverage of K1 113% and K4 57 %. Local Area Monitoring Data (PWS) has decreased in all three puskesmas especially

K4 and is the lowest of 23 health centers in Mimika Regency. So that the reason researchers to conduct research at Limau Asri Health Center, Wania Health Center and Puskesmas Timika Jaya. In accordance with the above problems, the purpose of the study to determine "Factors - factors that affect the visit K4 pregnant women at the Community Health Center of Mimika Regency of Papua Province".

## 2. MATERIALS AND METHODS

This research is descriptive quantitative with cross sectional study design. The research was conducted on May 2018 at Timika Jaya Health Center, Wania and Limau Asri with the population is trimester pregnant women as much as 86 mothers by purposive sampling. Data were obtained using questionnaire and analyzed using chi square test and logistic binary regression.

## 3. RESEARCH RESULTS

### 3.1 Univariate Analysis

Table 1. Age, Education, Compassion, Feeding, Attitude, Husband Support, Affordability of Health Facilities, Family Income and K4 Visits

No	Variables	(n)	(%)
1	Age		
	<20 year and > 35 year	10	11,6
	20-35 year	76	88,4
2	Education		
	Low	53	61,6
	High	33	38,4
3	Occupation		
	Work	54	62,8
	Not work	32	37,2
4	Knowledge		
	Less	42	48,8
	Good	44	51,2
5	Attitude		
	Negative	40	46,5
	Positive	46	53,5
6	Husband support		
	Less	48	55,8
	Good	38	44,2
7	Facilities affordable		
	Difficult	45	52,3
	Easy	41	47,7
8	Family income		
	Less	44	51,2
	Enough	42	48,8
9	K4 visit		
	Irregular	39	45,3
	Regular	47	54,7
Number		86	100

Table 1, shows that of 86 respondents most secure in aged 20-35 years of pregnancy as

many as 76 people (88.4%), low education of 53 people (61.6%), and most of the workforce as many as 54 people (62.8%). Knowledge of respondents in the category less as much as 42 people (48.8%) and has a negative attitude as many as 40 people (46.5%). The support provided by most

husbands in the category less as much as 48 people (55.8%). Health facility reach, from house to Puskesmas mostly with sulait category as many as 45 people (52,3%). Family income in the category less as many as 44 people (51.2%) and irregular K4 visits as many as 39 people (45.3%).

### 3.2 Bivariate Analysis

#### a. Influence of Age against K4 pregnancy visit

Table 2. Influence of Age on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Age	K4 visit				Total n	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
< 20 and >35 year	3	30	7	70	10	0,484	0,633	0,239-1,681
20-35 year	36	47,7	40	52,6	76			
Total	39	45,3	47	54,7	100			

Table 2 shows that from 70 respondents aged <20 years and> 35 years, there were 3 (30%) irregular K4 visits lower than mothers aged 20-35 years as many as 36 people (47.7%). Chi square test results obtained p value = 0.484 > = 0.005 which

means maternal age does not affect the visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The result of prevalence ratio test (RP) shows RP = 0,633 CI95% (0,239-1,681), meaning that age is protective factor to visit K4.

#### b. Influence of Education Against K4 pregnancy visit

Table 3. Effect of Education on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Education level	K4 visit				Total n	p	RP	CI 95% (L-U)
	Irregular		Regular					
	N	%	n	%				
Low	33	62,3	20	37,7	53	0,000	3,415	1,612-7,275
High	6	18,2	27	81,8	33			
Total	39	45,3	47	54,7	100			

Table 3 shows that out of 20 respondents with low education, there were 33 people (62.3%) did not regularly visit K4 higher than those not in high educated mothers as many as 6 people (18.2%). Chi square test results obtained p value = 0,000 < = 0.005 which means that education affects the

visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The results of the prevalence ratio test (RP) showed RP = 3,415 (1,612-7,275), meaning that the low respondent's education had an irregular chance to make K4 visits 3,415 times higher than the respondents of higher education.

#### c. Influence of Occupation on K4 pregnancy visit

Table 4. Influence of Occupation on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Occupation	K4 visit				Total n	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Not work	26	48,1	28	51,9	54	0,650	1,185	0,717-1,958
Work	13	40,6	19	59,4	32			
Total	39	45,3	47	54,7	100			

Table 4 shows that respondents who do not work, there are 26 people (48.1%) do not regularly conduct K4 visits and in Ibuhamil who work as many as 13 people (40.6%) regularly conduct K4 visits. Chi

square test results obtained p value = 0.650 which means that the work does not affect the visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The results of the prevalence ratio test (RP) showed RP =

1.185 (0.717-1.958), meaning that unemployed respondents risked irregular visit K4 but because the lower value did not reach number 1, so it was not significant.

d. Influence of Knowledge Against K4 pregnancy visit

Table 5. Effect of Knowledge on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Knowledge	K4 visit				Total	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Less	26	61,9	16	38,1	42	0,005	2,095	1,253-3,504
Good	13	29,5	31	70,5	44			
Total	39	45,3	47	54,7	100			

Table 5 shows that mothers with less knowledge, 26 people (61.9%) did not regularly visit K4 higher than well-informed mothers who regularly conducted K4 visits as many as 13 people (29.5%). Chi square test results obtained p value = 0.005 which means that knowledge affect the visit of

pregnancy K4 at Puskesmas Kabupaten Mimika. The results of the prevalence ratio test (RP) showed RP = 2,095 (1,253-3,504), meaning that respondents with irregular skill lesson visited K4 for 2,905 times higher than respondents with good knowledge.

e. Influence of Attitude To K4 pregnancy visit

Table 6. Effect of Attitudes on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Attitude	K4 visit				Total	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Negative	30	75	10	25	40	0,000	3,833	2,077-7,074
Positive	9	19,6	37	80,4	46			
Total	39	45,3	47	54,7	100			

Table 6 shows that respondents with negative attitudes, there were 30 people (75%) did not regularly visit K4 higher than mothers who were positive as many as 9 people (19.6%) who did not regularly visited K4. Chi square test results obtained p = 0,000 which means that the attitude affect

the visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The result of the prevalence ratio test shows that RP = 3,833 (2,077-7,074), meaning that respondent with negative attitude has irregular chance to make K4 visit 3,833 times more than respondent with positive attitude.

f. Influence of Husband Support to K4 pregnancy visit

Table 7. Effect of Husband Support on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Husband support	K4 visit				Total	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Less	29	60,4	19	39,6	48	0,003	2,296	1,286
Good	10	26,3	28	73,7	38			
4,097	39	45,3	47	54,7	100			

Table 7 shows that of the respondents whose husbands support is lacking, there are 29 people (60.4%) who do not regularly visit K4 higher than husband support as many as 10 people (26.3%) who do not regularly visit K4. Chi square test results obtained p value = 0.005 which means that the support of husbands affect the visit of

pregnancy K4 at Puskesmas Kabupaten Mimika. The result of prevalence ratio (RP) test showed RP = 8 (1,191-53,741), meaning less respondents to husband support have an irregular chance to visit K4 8 times bigger than good respondent get husband support.

g. Influence of Affordability of Health Facility Against K4 pregnancy visit

Table 8. Effect of affordability of health facilities on K4 pregnancy visit at Limau Asri Health Center of Mimika Regency in 2018

Facilities affordable	K4 visit				Total	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Difficult	29	64,4	16	35,6	45	0,000	2,642	1,478-4,724
Easy	10	24,4	31	75,6	41			
Total	39	45,3	47	54,7	100			

Table 8 shows that respondents with access to health facilities are difficult, there are 29 people (64.4%) do not regularly visit K4 higher than the easy accessibility of health facilities as many as 10 people (24.4%) who do not regularly conduct K4 visits. Chi square test results obtained  $p = 0,000$  which means that the affordability of health

facilities affect the visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The results of the prevalence ratio test (RP) show  $RP = 2,642$  (1,478-4,724), meaning that respondents with affordability of irregular difficult health facilities make K4 visits 2,642 times greater than easy responders in reaching health facilities.

h. Influence of Family Income To K4 pregnancy visit

Table 9. Effect of Family Income on K4 Pregnancy Visit at Puskesmas Kabupaten Mimika 2018

Family income	K4 visit				Total	p	RP	CI 95% (L-U)
	Irregular		Regular					
	n	%	n	%				
Less	25	56,8	19	43,2	44	0,049	1,705	1,035-2,808
Enough	14	33,3	28	66,7	42			
Total	39	45,3	47	54,7	100			

Table 9 shows that respondents with less family income, 25 people (56.8%) did not receive K4 visits higher than mothers with enough income of 14 people (33.3%) who did not regularly conduct K4 visits. Chi square test results obtained  $p$  value = 0.049 which means that family income affects the visit of pregnancy K4 at Puskesmas Kabupaten Mimika. The results of the prevalence ratio test (RP) showed  $RP = 1.705$  (1.035-2.808), meaning that respondents with unaffected family income were not regularly visited K4 for 1,705

times greater than respondents who had enough family income.

3.3 Multivariate analysis

Multivariate analysis was used to find out which factors influenced exclusive breastfeeding, bivariate analysis was necessary and continued on multivariate test. Bivariate modeling using logistic regression test begins with bivariate modeling where each independent variable is tested against dependent variable gradually with  $p$  value  $<0.25$  which can be seen in Table 10.

Table 10. Bivariate Modeling

No	Variables	p-value	RP	95% C. I. for Exp (B)	
				Lower	Upper
1	Age	0,484	0,633	0,239	1,681
2	Education	0,000	3,415	1,612	7,275
3	Occupation	0,650	1,185	0,717	1,958
4	Knowledge	0,005	2,095	1,253	3,504
5	Attitude	0,000	3,833	2,077	7,074
6	Husband support	0,003	2,296	1,286	4,097
7	Facilities affordable	0,000	2,642	1,478	4,724
8	Family support	0,049	1,705	1,035	2,808

Table 10 above, education, knowledge, attitudes, support of husbands, affordability of means of health and income of families

meruakan candidate variables to be tested secara together - use logistic regression with forward LR method with the results can be

seen in Table 11.

**Table 11. Analysis of Multiple Logistic Regression Variables**

No	Variables	B	p-value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Education	2.474	0,003	11.874	2.278	61.886
2	Attitude	1.553	0,016	4.724	1.332	16.752
3	Husband support	1.613	0,019	5.017	1.299	19.378
4	Facilities affordable	2.645	0,001	14.089	2.999	66.190
	Constant	15.499	0,000	0,000		

Table 11 above, then education, attitudes, support of husbands and affordability of health facilities have significant value ( $p < 0.005$ ), so it is the dominant variable on the visit of pregnancy K4.

## 4. DISCUSSION

### 4.1. Influence of Age Against K4 pregnancy visit

The results of the study were maternal age in the safe category in pregnancy or age 20-35 years (88.4%) compared to mothers aged <20 years or > 35 years pregnant (11.6%). Pregnant women aged 20-35 years had a higher percentage of antenatal visits (47.4%) compared with pregnant women <20 or > 35 years who were only (30%) on antenatal visits. From the statistical test results obtained  $p$  value = 0.484, it can be concluded that there is no significant distribution between age with K4 visit in pregnant women. It can be explained, that the age factor of the mother does not significantly affect the habits in checking pregnancy, meaning that both mothers at risk and not at risk have the same opportunity to check her pregnancy.

Efforts to socialize by health workers about good age in pregnancy should be more aggressively conducted to the community, this can involve women cadres who are very helpful to improve health status in the community, so that the reduced number of marriages at a young age (less than 20 years) that can cause complications in pregnancy as well as pregnancies over 35 years.

Thus, age cannot be a predictor of maternal behavior in pregnancy examination, meaning that both at-risk and non-risk mothers have equal opportunities in incomplete pregnancy status (not standardized). This is understandable

because the knowledge of pregnant women about the danger of pregnancy is still low, in addition, geographically the work area of Limau Asri Health Center consists of urban areas and areas where transportation accessibility is still quite difficult to reach.

### 4.2 Effect of Education on K4 pregnancy visit

It can be explained that the role of education in K4 pregnancy visit is very big in terms of reproductive health, high educated mothers tend to have a better thinking for health improvement while low educated mothers have less knowledge about their health and are more resigned, giving up on circumstances without any incentive to improve his fate. In addition, a highly educated mother will always determine her decision more rationally in this case the behavior of her pregnancy examination. The importance of education for women who later become mothers, may influence their attitudes and knowledge of health care, the need for prenatal and postnatal visits and awareness of the health of children and their families. Education is one of the indirect causes that affect the examination of pregnancy. Likewise in the literature (Azwar, 2010), that the goal of education is not only the transfer of knowledge and skills, but also the character development such as the development of thinking, sensitivity, awareness, ethical values and others. The higher a person's education will be more easily accept and develop knowledge and technology. Education is very influential on the way of thinking, acting and in making a person's decision in using health services. pay in improving education can be in line with health promotion especially related to pregnant women which can be done by

health workers assisted by cadres or local community leaders, in order to improve the knowledge of pregnant women in utilizing antenatal services by way of delivery of health workers who will conduct education of pregnant women should be adjusted to the level of education of pregnant women, in addition language used by health personnel should be simple and understandable by pregnant women, so communication in providing antenatal education is not hampered.

#### **4.3 Influence of Occupation on K4 pregnancy visit**

The results showed most pregnant women worked (62.8%). The result of bivariate analysis of irregular respondents conducted K4 visits on the respondents who worked (48.1%) higher than respondents who did not work (40.6%). There was no significant effect on K4 pregnancy visit ( $p = 1,000$ ), but unemployed respondents had no chance to visit K4 as much as 1.167 times more than respondents who worked. The condition of this research result can be explained that, the existence of health facilities network in the form of puskesmas aide and posyandu and existence of midwife in village maximal use by pregnant mother for pregnancy examination. Due to the unwillingness of pregnant women to use it, the possibility of their perception is related to economic ability. In fact, the government is clear for health financing, especially the examination of pregnancy for those who cannot afford have been free. On the other hand, the existence of TBAs is still a habit of pregnant women in the area to use it, in addition to close to residence is also economically affordable. Another factor is the ignorance of pregnant women to pregnancy that has been assuming that pregnancy is a natural process of human life and lived naturally.

Sosilasesaian efforts on pregnant women in groups that are not working can be done more diligently, not only in the group of mothers who do not work alone promoted health but also to groups of

pregnant women who work to conduct a complete and regular antenatal visits, in order to monitor the possibility- chances are that will happen in pregnancy.

#### **4.4 Knowledge Influence To K4 pregnancy visit**

The results showed that there was a significant correlation between knowledge with K4 pregnancy examination ( $p = 0,005$ ), where irregular respondent did visit K4 on respondent with less knowledge (61,9%) higher than respondent having good knowledge (29, 5%). Rasioprevalensi test results, that respondents with knowledge of less chance of irregular visit K4 2.095 times larger than respondents with good knowledge will occur in her pregnancy.

#### **4.5 Effect of Attitude To K4 pregnancy visit**

The result of research is obtained from 86 respondents as much as 46,5% attitude of negative and positive respondent as much as 43,5%. This shows the same proportional attitude by pregnant women. Irregular respondents visited.

#### **4.6 Influence of Husband Support to K4 pregnancy visit**

The results of this study prove there is a significant influence between the support of the husband to the examination of pregnancy K4 ( $p = 0,003$ ). Irregular respondents visited K4 on respondents with less husbands support (60,4%) higher than respondents who received good support from husband (26,3%). The results of the prevalence ratio test showed that respondents who lacked husband support were not regularly visited K4 for 2,296 times greater than good respondents got husband support. Thus it can be explained that, husband support plays an important role in mother's behavior to conduct examination pregnancy. This is because the family's concerns about the pregnancy which is the gate to deal with labor, the better the pregnancy examination then the family will be more calm to face childbirth.

Because it can know the condition of pregnancy and the health of mother and baby.

#### **4.7 Influence of Affordability of Health Facility To K4 pregnancy visit**

The result of research shows that respondents (64,4%) find it difficult to reach health facility. affordability can also be influenced by the economic availability of transportation. At that time, the geographical condition of the working area of the Public Health Center of Mimika Regency is still lack of public transportation, so it takes a long time to reach the health service facilities plus the high cost of transportation. For pregnant women the time and distance is long enough very risky, and the minimum cost of transportation, making it difficult for pregnant women to visit regularly. Thus, it can be explained that at the Limau Asri Health Center although the distance is far from health facilities and facilities but when viewed in terms of transportation is sufficient to reach the health service, where the existence of two wheels (motorcycle taxis) are scattered, but the public transport is still rare and cost of motorcycle taxis are quite expensive to burden the mother, especially pregnant women with a family income is less.

#### **4.8 Influence of Family Income To K4 pregnancy visit**

The result showed that pregnant women from 30 respondents were 60% with less family income. The result of bivariariat analysis showed that there was a significant influence between family income on K4 pregnancy visit, ie mothers whose family income less than 1,705 times did not make K4 visit regularly. Efforts to intervene can be done on the population with low economic status by providing knowledge, information and education on the importance of utilizing antenatal care in pregnant women. By organizing health posts or mobile health centers that provide affordable antenatal care throughout the

region, especially in areas far from access to health services.

#### **4.9 Dominant Influence on K4 Pregnancy Visit**

The result of logistic binary regression test shows that education, attitudes, husband support and affordability of health facilities have significant value ( $p < 0,005$ ), so it is the dominant variable on K4 pregnancy visit which can be explained that the higher the mother's education is to the knowledge of mother, low-educated people have a poor pattern of thinking about the benefits of regular pregnancy visits that affect the mother's attitude in K4 visits and this is exacerbated by the affordability of difficult health facilities.

### **5. CONCLUSION**

From the results of data analysis conducted research, finally drawn the conclusion as follows:

1. Age of respondent did not affect to visit of pregnancy K4 at Puskesmas of Regency of Mimika ( $p = 0,484$ ;  $RP = 0,633$ ;  $CI95\% (0,239-1,681)$ )
2. Education affects the visit of K4 pregnancy at Puskesmas Kabupaten Mimika ( $p = 0,000$ ;  $RP = 3,415$ ;  $CI95\% (1,612-7,275)$ ).
3. The work did not affect the visit of K4 pregnancy at Puskesmas of Mimika Regency ( $p = 0,650$ ;  $RP = 1,185$ ;  $CI95\% (0,717-1,958)$ ), but the unqualified factor of K4 visit.
4. Knowledge affects the visit of K4 pregnancy at Puskesmas of Mimika Regency ( $p = 0,00$ ;  $RP = 2,095$ ;  $CI95\% (1,253-3,504)$ ).
5. Attitude effect on K4 pregnancy visit at Puskesmas Kabupaten Mimika ( $p = 0,000$ ;  $RP = 3,833$ ;  $CI95\% (2,077-7,074)$ ).
6. Husband's support had an effect on K4 pregnancy visit at Puskesmas of Mimika Regency ( $p = 0,003$ ;  $RP = 2,296$ ;  $CI95\% (1,286-4,097)$ ).
7. Affordability of health facilities influenced the visit of K4 pregnancy at Puskesmas Kabupaten Mimika ( $p =$



- 0,000; RP = 2,642; CI95% (1,478-4,724)).
8. Family income had an effect on K4 pregnancy visit at Puskesmas of Mimika Regency (p = 0,049; RP = 1,705; CI95% (1,035-2,808)).
  9. Education, attitudes, husband support and affordability of facilities kes

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