Factors Related To The Compliance Of Pregnant Women In Antenatal Care Examination At The Polyclinic Of The Islamic Hospital Banjarmasin

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ARTICLE INFO	ABSTRACT
Keywords: ANC, pregnant women, compliance	Hospital Polyclinic Data. In the last 3 years, there has been a decrease in the number of antenatal check-ups as cases of COVID-19 have increased. ANC visits a total of 600-700 pregnant women per month. In 2022 there will only be around 400 pregnant women in one month. This phenomenon is interesting to know the factors that cause a decrease in the number of ANC visits. This type of research uses quantitative correlation with the Spearman Rank method. Variables include age, parity, education, Knowledge, attitude, and husband's support. The population is mothers with term 3rd-trimester pregnancies who visit as many as 74 people, a sample of 62 people, taken by non-probable sampling with purposive sampling. Obedient expectant mother. Of the 47 ages not at risk, as many as 38 (80.9%). Of the 24 parties that were at risk, 15 (62.5%). Out of 42 good knowledge, 37 (88, 1%). Of the 50 pregnant women supported by their husbands, 42 (84.0%). Of the 37 pregnant women with higher education, there were 33 people (89.2%). Of the 43 pregnant women who had a positive attitude, there were 37 (86.0%). There was a relationship between age and compliance with ANC visits (p-value 0.034). There is no relationship between parity and compliance with ANC visits (p-value 0.097). There is a relationship between Knowledge and compliance with ANC visits (p-value 0.000). There is a relationship between education and compliance with ANC visits (p-value 0.001). There is a relationship between attitude and visit compliance (p-value 0.001). There is a relationship between the husband's support and compliance with ANC visits (p-value 0.000). There is no relationship between parity and compliance with ANC visits (p-value 0.097). There is a relationship between Knowledge and compliance with ANC visits (p-value 0.000). There is a relationship between education and compliance with ANC visits (p-value 0.001). There is a relationship between attitude and visit compliance (p-value 0.001). There is a relationship between the husband's support and compliance with ANC visits (p-value 0.000). There is no relationship between parity and compliance with ANC visits (p-value 0.097). There is a relationship between Knowledge and compliance with ANC visits (p-value 0.000). There is a relationship between education and compliance with ANC visits (p-value 0.001). There is a relationship between attitude and visit compliance (p-value 0.001). There is a relationship between the husband's support and compliance with ANC visits (p-value 0.000).
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1. INTRODUCTION

One of the efforts in developing public health to improve public health status is reflected in programs through promotive, preventive, curative, and rehabilitative efforts, one of which is in reproductive health activities (Soepardi, 2011). Pregnancy is a form of reproductive activity which means that there is a process of growth and development of the intra-uterine fetus starting from conception and ending until the onset of labor. Pregnancy, childbirth, childbirth, newborns, and the selection of contraceptives are physiological and continuous processes (Marmi, 2011). And it cannot be denied that during pregnancy, childbirth, the postpartum period, newborns to the use of contraception, women will experience various health problems. For a mother's pregnancy, childbirth, and postpartum period to run normally, the mother needs good health services. Government regulation Number 61 of 2014 concerning reproductive health states that every woman has the right to receive health services to achieve a healthy life, give birth to a healthy and quality generation and reduce

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maternal mortality (Bandiyah, 2009). Health services are urgently needed during this period. Because maternity nursing care services that are sustainable (continuity of care) while in the hospital are very important for mothers. And with nursing care, health workers such as nurses or midwives can monitor and ensure the mother's condition during pregnancy, childbirth, and until the postpartum period because maternity nursing care services that are sustainable (continuity of care) while in hospital are indeed very important for mothers. And with nursing care, health workers such as nurses or midwives can monitor and ensure the mother's condition during pregnancy, childbirth, and until the postpartum period because maternity nursing care services that are sustainable (continuity of care) while in hospital are indeed very important for mothers. And with nursing care, health workers such as nurses or midwives can monitor and ensure the mother's condition during pregnancy, childbirth, and until the postpartum period.

Antenatal carries a policy of the Ministry of Health to tackle the spike in maternal and infant mortality rates in Indonesia, namely by providing maternal and child health services at first-level and referral health facilities based on strategic interventions to save motherhood which consists of four pillars. The second pillar of safe motherhood explains antenatal care (ANC), which aims to prevent pregnancy complications and ensure that these complications can be detected as early as possible and then managed optimally (Saifuddin, 2014).

Antenatal is considered important because it aims to improve the physical and psychological health of the mother during pregnancy, maximize the early detection and treatment of high-risk cases, early detection of abnormalities maximize the early detection and treatment of high-risk cases, early detection of abnormalities accompanying pregnancy so that they can be calculated and prepared for delivery assistance procedures, and able to deal with labor and the puerperium (Saifuddin, 2014). So it can be concluded that the main purpose of antenatal care is to ensure that a pregnant woman gets quality health services so that she can live a disease-free pregnancy, have a safe delivery process, and give birth to a healthy baby (Pattipeilohy, 2017).

For indicators of compliance assessment of pregnant women in ANC examinations, it can be seen from the achievement of maternal health services using coverage indicators K1 and K4. K1 coverage is the number of pregnant women who have received antenatal care for the first time compared to the target number of women in the work area within one year. K4 coverage is the number of pregnant women receiving standardized antenatal care compared to the target number of women in the work area within one year. (Risza Choiruniss & Syaputri, 2018).

Based on Permenkes number 21 of 2021, maternal health services are required to use the 2020 revision of the MCH handbook, which contains at least 6 ANC examinations, namely two times in trimester one, where a doctor carries out the first examination. Then one time in the 2nd trimester, followed by three times in the 3rd trimester, with one examination carried out by a doctor to plan delivery (K5) (Ministry of Health, 2021).

There are several factors influencing pregnant women in the utilization of health services according to the theory of Green and Kreuter, 2005 which classifies three factors, namely: predisposing factors, including Knowledge, attitudes, beliefs, personal choices, existing skills, and confidence in self-abilities, age, gender, marital status, ethnicity, education, and occupation. Reinforcing factors manifest in health workers' attitudes and behavior, support from husbands or family, social support, and influence of peers or other people. Enabling factors include health service facilities, affordability, and information media (Glanz, Rimer, & Viswanath, 2008).

Efforts to improve pregnant women's and babies' health have not been maximized, so the MMR and IMR are still relatively high. Currently, maternal and infant mortality is still in the public spotlight because it is caused by other problems complicating pregnancy. Around 810 pregnant women worldwide died every day in 2017. As many as 295,000 pregnant women eventually die during pregnancy or after childbirth. The SDGs (Sustainable Development Goals) target in 2030 is to reduce the ratio of maternal mortality to 70 per 100,000 live births (WHO, 2019); (UNSD, 2018).

Developing countries, including Indonesia, dominate cases of maternal mortality worldwide. As a developing country, Indonesia is ranked third with the highest maternal and infant mortality rates in ASEAN and the second highest in the South East Asian Nation Regional Organization area

(Fatmawati, Sulistyono, and Notobroto, 2017). Based on data from the 2012 Indonesian Demographic Health Survey (IDHS), the average maternal mortality rate (MMR) is 359 per 100,000 live births. This figure shows an increase compared to IDHS data for 2007, namely 228 per live birth. In the same year, there was a non-significant decrease in the infant mortality rate (IMR), from 34 per 1,000 live births to 32 per 1,000 live births (IDHS, 2013).

The maternal mortality rate in South Kalimantan has tended to increase over the last four years. This illustrates the need for better performance to reduce maternal mortality in South Kalimantan Province, especially Banjarmasin City. According to Supas, 2016 MMR in South Kalimantan Province reached 135 per 100,000 live births. This figure has increased from 2019, which reached 92 per 100,000 live births. Most of the causes of maternal death are due to bleeding and complications of pregnancy/delivery, namely preeclampsia/eclampsia. This maternal mortality rate describes the level of maternal health during pregnancy and childbirth. (KALSEL Health Profile, 2020)

According to data from the Indonesian Ministry of Health (2020), the target of the Strategic Plan (Rienstra) regarding the coverage of antenatal care services for pregnant women K1 and K4 in 2019 is 80%. The total K1 antenatal care services coverage in Indonesia is 96.4%, and K4 coverage in Indonesia is 88.5%. While the coverage of K1 in South Kalimantan was 93.1%, and the K4 in South Kalimantan was 78.02%. The data shows that the coverage of K4 antenatal care services in South Kalimantan is below the target of the Strategic Plan. This shows that the community's behavior in checking their pregnancies is not in line with the national expectations and target of 80%.

Data from the Islamic Hospital Polyclinic in the last 3 years has seen a decrease in antenatal check-ups as the number of COVID-19 cases increases in this region. From this data, it can be concluded that antenatal care visits by pregnant women were initially not optimal but decreased during the COVID-19 pandemic. Initially, there were 600-700 pregnant women visiting ANC in one month; in 2022, there will only be around 400 pregnant women in one month. However, it is not yet known exactly what is the causative factor. This phenomenon is then interesting for researchers to find out what factors have caused the decrease in the number of ANC visits at the Banjarmasin Islamic Hospital Polyclinic.

Based on a preliminary study conducted by researchers on Monday, November 8, 2021, in the Working Area of the Polyclinic of the Banjarmasin Islamic Hospital, antenatal care visits in August 2021 had 433 pregnant women patients, in September 2021, there were 490 pregnant women patients. In October 2021, There were 443 pregnant women patients. The results of a preliminary study interviewing ten pregnant women at the Banjarmasin Islamic Hospital polyclinic found that ten women were 20-35 years old. It was found that 3 people had given birth once, 4 people had given birth twice, and 3 people had given birth 3 times. Of the 10 pregnant women, 7 people thought having antenatal care was very important, and 3 others said it was not so important. In addition, it was found that 7 people said they always came exactly according to the schedule set by the doctor, and 3 other people ignored the schedule set by the doctor. Then the 10 pregnant women interviewed also said that 1 person did not finish elementary school, 2 graduated from junior high school, 5 graduated from high school/high school, and 2 graduated with bachelor's degrees.

2. METHODS

A correlation research design that aims to reveal the correlative relationship between variables, namely the independent variable and the dependent variable. This study aims to determine the factors associated with adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic. The variables in this study were age, parity, education, Knowledge, attitude, and husband's support as independent variables, while the dependent variable was compliance with antenatal care visits. The population in this study were all mothers with third-trimester pregnancies (gestational age 37-40 weeks) who visited the Banjarmasin Islamic Hospital Polyclinic as many as 74 people.

3. RESULTS AND DISCUSSION

This research was conducted from April to May 2022 at the Hospital Polyclinic. Banjarmasin

Islam. The results obtained in this study are categorized in the form of a frequency distribution table as follows:

Table 1 Age of pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No.	Age	Frequency (f)	Percentage (%)
1	No risk	47	75.8
2	At risk	15	24,2
	Total	62	100

The results of table 1 show the age of 62 respondents with age, not at risk of 47 (75.8%). At the same time, 15 (24.2%) were at risk.

Table 2 Parity in pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No.	Parity	Frequency (f)	Percentage (%)
1.	No risk	38	61.3
2.	At risk	24	38,7
	Total		62

The results of table 2 show that the characteristicsrespondentbased of the parity group of 62 respondents, 38 (61.3%) were not at risk. While those at risk, 24 (38.7%)

Table 3 Knowledge of pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No	Knowledge	Frequency (f)	Percentage (%)
1	Well	42	67,7
2	Not good	20	32.5
	Total		62

The results of table 3 show that the characteristicsrespondentBased of the knowledge group of 62 respondents, it was found that respondents were categorized as good.

Table 4 Education of pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No.	Education	Frequency (f)	Percentage (%)
1.	Higher education	37	59,7
2.	Low education	25	40,3
	Total		62

The results of table 4 show that the characteristicsrespondentBased of the education group of 62 respondents, it was found that respondents who were categorized as higher education were 37 (59.7%). At the same time, those with low education amounted to 25 (40.3%).

Table 5 Attitudes towards pregnant women at the Banjarmasin Islamic Hospital Polyclinic.

No.	Attitude	Frequency (f)	Percentage (%)
1.	Positive	43	69,4
2.	Negative	19	30,6
	Total		62

The results of table 5 show that the characteristics of the respondents based on the attitude group of 62 respondents were obtained, Respondents who were categorized as having positive attitudes.

Table 6 Husband's support for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No.	Husband Support	Frequency (f)	Percentage (%)
1.	Support	50	80.6
2.	Does not support	12	19,4

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	Total	62

The results of table 6 show the characteristicsrespondentbased of the group of pregnant women their husbands support. Out of 62 respondents, husbands support 50 (80.6%). At the same time, husbands who did not support amounted to 12 (19.4%).

Table 7 Compliance with antenatal care visits to pregnant women at the Banjarmasin Islamic Hospital Polyclinic.

No	Antenatal Care Visits	Frequency (f)	Percentage
1	obey	46	74,2
2	Not obey	16	25,8
	Total	62	

The results of table 7 show the characteristicsrespondentbased of the group of pregnant women who made a complete ANC visit from 62 respondents.

Table 8 Relationship between age and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital

Compliance with antenatal care visits in pregnant women

No.	Age	obey		Not obey		Total	
		F	%	F	%	F	%
1.	No risk	38	80.9	9	19,1	47	100
2.	At risk	8	53,3	7	46,7	15	100
	Total	46	74,2	16	25,8	62	100

p-value= 0.034 α = 0.05
r = 0.269

The results of table 8 show that age is related to adherence to antenatal care visits. In contrast, pregnant women who are not at risk tend to be more obedient in antenatal care visits.

Table 9 Relationship between parity and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic.

Antenatal care adherence in pregnant women

No.	Parity	obey		Not obey		Total	
		F	%	F	%	F	%
1.	No risk	31	81.6	7	18,4	38	100
2.	At risk	15	62.5	9	37.5	24	100
	Total	46	74,2	16	25,8	62	100

p-value= 0.097 α = 0.05

Results of table 4.9 out of 38 pregnant women with non-risk parity who adhered to antenatal care visits (ANC) were 31 (81.6%). Of the 24 respondents who were at risk, 15 (62.5%) were of an at-risk age and adhered to antenatal care visits (ANC). It can be concluded that parity is not related to adherence to antenatal care visits, where even pregnant women with parity at risk tend to be more obedient to antenatal care visits.

Table 10 Relationship between Knowledge and adherence to antenatal care visits for pregnant women

at the Banjarmasin Islamic Hospital Polyclinic.

Frequency of antenatal care visits to pregnant women

No.	Knowledge	obey		Not obey	Total		
		F	%	F	F	%	
1.	Well	37	88.1	5	37	88.1	
2.	Not good	9	45.0	11	9	45.0	
	Total	46	74,2	16	46	74,2	

p-value= 0.000 α = 0.05
r = 0.460

Table 10 Out of 42 pregnant women with good Knowledge, 37 (88.1%) with good Knowledge adhered to antenatal care visits (ANC). Of the 20 respondents at risk, as many as 9 (45.0%) with poor Knowledge adhered to antenatal care visits (ANC). It can be concluded that Knowledge is related to adherence to antenatal care visits. In contrast, pregnant women with good Knowledge tend to be more obedient in carrying out antenatal care visits.

Based on the results of statistical tests using testcorrelationSpearman Rank results obtained p value = 0.000 (p <0.05) and r = 0.460, which means there is a relationship between Knowledge and visit compliance.

Table 11 Relationship between education and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

Antenatal care adherence in pregnant women

No.	Education	obey		Not obey		Total	
		F	%	F	%	F	%
1.	Higher education	33	89.2	4	10,8	37	100
2.	Low education	13	52.0	12	48.0	25	100
	Total	46	74,2	16	25,8	62	100

p-value= 0.001 α = 0.05
r = 0.417

Based on the table above, it can be seen that of the 62 respondents. Out of 37 respondents with tertiary education, 33 (89.2%) with tertiary education adhered to antenatal care visits (ANC). Of the 25 respondents with low education, 13 (52.0%) with low education adhered to antenatal care visits (ANC). It can be concluded that education is related to adherence to antenatal care visits. In contrast, pregnant women with higher education tend to be more obedient in carrying out antenatal care visits.

Based on the results of statistical tests using testcorrelationSpearman Rank results obtained p value = 0.001 (p <0.05) and r = 0.417, which means there is a relationship between education and visit compliance.

Table 12 Relationship between attitude and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

Antenatal care adherence in pregnant women

No.	Attitude	obey		Not obey		Total	
		F	%	F	%	F	%
1.	Positive	37	86.0	6	14.0	43	100
2.	Negative	9	47,4	10	52,6	19	100
	Total	46	74,2	16	25,8	62	100

p-value= 0.001 α = 0.05

r = 0.408

Based on the table above, out of 62 respondents, out of a total of 43 respondents who had a positive attitude, 37 (86.0%) with a positive attitude adhered to antenatal care visits (ANC). Of the 19 respondents, 9 (47.4%) had negative attitudes toward adherents making antenatal care visits (ANC). It can be concluded that attitude is related to adherence to antenatal care visits. In contrast, pregnant women with a positive attitude tend to be more obedient in carrying out antenatal care visits.

Based on the results of statistical tests using testcorrelation Spearman Rank results obtained p value = 0.001 (p <0.05) and r = 0.408, which means there is a relationship between attitude and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital with moderate strength.

Table 13 Relationship between husband's support and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

No.	Husband Support	Antenatal care adherence in pregnant women					
		obey		Not obey		Total	
		F	%	F	%	F	%
1.	Support	42	84.0	8	16.0	50	100
2.	Does not support	4	33,3	8	66,7	12	100
	Total	46	74,2	16	25,8	62	100

p-value= 0.000 α = 0.05
r = 0.457

Based on the table above, out of 62 respondents, out of 50 respondents supported by their husbands, 42 (84.0%) had supportive husbands who dutifully made antenatal care visits (ANC). Of the 12 respondents who had a negative attitude, as many as 4 (33.3%) with husbands who did not support those who adhered to antenatal care visits (ANC). It can be concluded that the husband's support is related to adherence to antenatal care visits. In contrast, pregnant women with their husband's support tend to be more obedient in antenatal care visits.

Based on the results of statistical tests using the test results obtained p value = 0.000 (p <0.05) and r = 0.457, which means there is a relationship between husband's support and adherence to antenatal care visits in pregnant women at the Islamic Hospital of Banjarmasin with moderate relationship strength.

Discussion
The relationship between age and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

Based on the results of statistical tests using the Spearman Rank correlation test, the results obtained were p value = 0.034 (p <0.05) and r = 0.269, which means that there is a relationship between age and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic with moderate correlation strength. Out of a total of 47 pregnant women who were not at risk, 38 (80.9%) who were not at risk adhered to antenatal care visits (ANC). The maturity of a person's age will affect the thought process, which is getting better so that they will be motivated to check their pregnancy and know the importance of antenatal care. The younger they are, the less they understand the importance of prenatal care. Age greatly determines a mother's health, and it is said that the mother is at high risk if the pregnant woman is under 20 years old and over 35 years old. Age is useful for anticipating diagnoses of health problems and actions taken (Padila, 2017)

Based on Woro Tri Hardjanti's research (2007 in Padilla, 2017) states that a woman as a biological human being has entered the age of production several years before reaching the age where pregnancy and childbirth can take place safely, namely 20-35 years, after that the risk for the mother will increase every year. Wiknjosastro (2005 in Padilla, 2017) also stated that in the period of healthy reproduction, it is known that the safe age for pregnancy and childbirth is 20-30 years. Maternal deaths in pregnant women and giving birth at the age of under 20 years are 2-5 times higher than

maternal deaths at the age of 20-29 years. Maternal mortality increases again after the age of 30-35 years. Thus it can be concluded that according to theory and journals in line with existing research, that age is significantly related to adherence to ANC visits. It can be seen from the data above that the majority of pregnant women at the Banjarmasin Islamic Hospital Polyclinic are at a safe gestational age, namely between 20- 35 years old. That is the age category that is ripe for women to get pregnant. So that at that age, it greatly influences the mother's curiosity and concern for the importance of making ANC visits.

The relationship between parity and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic

Based on the results of statistical tests using the Spearman Rank correlation test, the results obtained were p value = 0.097 (p > 0.05), which means there is no correlation between parity and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital. Of the 24 respondents with at-risk parity, 15 (62.5%) with at-risk parity adhered to antenatal care visits (ANC).

Parity 2-3 is the safest in terms of maternal mortality. Parity 1 and high parity (more than 3) have a higher maternal mortality rate. The higher the parity, the higher the maternal mortality. The risks at parity 1 can be managed with better obstetric care, while the risks at high parity can be reduced or prevented with family planning. Some pregnancies at high parity are unplanned (Prawirohardjo, 2012).

The results of research conducted by Rauf (2013) showed that there was no relationship between parity and the use of antenatal care in Makassar City. This is because the percentage of pregnant women who use antenatal care with high parity (75.0%) is not much different from pregnant women with low parity (71.2%). Pregnant women with high parity who used services said there was a risk in previous pregnancies, so they felt the need to check their pregnancies regularly. Women who used antenatal services with low parity felt the need to check their pregnancies regularly because they had no experience with pregnancy (Rauf et al., 2013).

Based on the description above, it can be concluded that the results of the study show that the majority of respondents made a complete ANC visit, namely 24 pregnant women with parity at risk for compliance in carrying out antenatal care visits at the Banjarmasin Islamic Hospital, totaling 15 people (62.5%). This is because pregnant women with at-risk parity (> 3) say that because their pregnancies are at risk, pregnant women become obedient in having their pregnancies checked to prevent pregnancy disorders. Meanwhile, pregnant women with parity at risk (<20) said that because this was their first pregnancy and they had no experience, they felt the need to check their pregnancies regularly.

Relationship between Knowledge and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic.

Based on the results of statistical tests using the Spearman Rank correlation test, the results obtained were p value = 0.000 (p <0.05) and r = 0.460, which means that there is a relationship between Knowledge and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic with moderate correlation strength. Out of 42 pregnant women with good Knowledge, 37 (88.1%) with good Knowledge adhered to antenatal care visits (ANC).

The results of Rita Warmaya's research (2018) stated a significant relationship between maternal Knowledge and the use of antenatal services. The higher the Knowledge of pregnant women, the higher the utilization of antenatal services, and vice versa (Rita Warmaya, 2018).

Based on the description above, it can be concluded that the good Knowledge possessed by the respondents is also based on the existence of health education regarding ANC examination. . Knowledge about the benefits of a program (benefits of ANC services) causes a pregnant woman to have a positive attitude. It will influence the mother to make antenatal visits. Poor Knowledge is based on low education. For this reason, pregnant women need health education through continuous communication, information, and education.

Relationship between husband's support and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic.

Based on the results of statistical tests using the test results obtained p value = 0.000 (p <0.05) and r = 0.457, which means there is a relationship between husband's support and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic with moderate relationship strength. Out of a total of 50 respondents who their husbands supported, 42 (84.0%) had supportive husbands who adhered to antenatal care visits (ANC).

Likewise, according to research by Lian Laminullah et al., there was a relationship between the husband's support and utilization of ANC services. That most mothers who have their husband's support will obey to make K4 visits, compared to mothers who do not have support. A significant relationship exists between the husband's support for K4 visits (Laminullah et al., 2015).

Based on this study, it was found that most pregnant women who received the support of their husbands would be more obedient in carrying out ANC examinations. It will have an impact on the attitude of pregnant women. Husbands who provide the support needed by pregnant women during pregnancy will influence pregnant women to look after their pregnancies so that mothers are motivated to make antenatal care visits. The greater the husband's support, the more obedient the mother is in carrying out antenatal care visits.

4. CONCLUSION

It was found that there was a relationship between age and adherence to antenatal care visits at the Banjarmasin Islamic Hospital Polyclinic (p-value = 0.034). There was no correlation between parity and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic (p-value = 0.097). It was found that there was a relationship between Knowledge and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic (p-value = 0.000).

It was found that there was a relationship between education and adherence to antenatal care visits for pregnant women inPolyclinicBanjarmasin Islamic Hospital. (p-value = 0.001). It was found that there was a relationship between attitude and adherence to antenatal care visits in pregnant womenPolyclinicBanjarmasin Islamic Hospital (p-value = 0.001). It was found that there was a relationship between the husband's support and adherence to antenatal care visits for pregnant women at the Banjarmasin Islamic Hospital Polyclinic (p-value = 0.000).

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