Determinants Of Integrated Antenatal Care Visits Participants Of The National Health Insurance Program At Jambi City Health Center

Ivanna Tiur Nauli Nadapdap[1,*] Dwi Noerjoedianto[2], Adila Solida[3], Guspianto[4]

[1] *Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University*
[2] *Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University*
[3] *Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University*
[4] *Department of Public Health, Faculty of Medicine and Health Sciences, Jambi University*

[*]*Corresponding author. Email: ivannatiurnauli@gmail.com, dwi_noerjoedianto@unja.ac.id,*

Abstract

Background: Integrated Antenatal Care (ANC) is a comprehensive service effort for pregnant women in the early detection of complications of pregnancy whose scope of visits has the aim that pregnant women can have a positive experience in undergoing pregnancy and childbirth. The government presents the JKN program for pregnant women with the aim of reducing costs in obtaining services, so as to reduce MMR. In Jambi City, there are still several health centers that have not met the target of the coverage of Integrated ANC visits. The purpose of this study was to determine the determinants of integrated ANC visits to participants in the National Health Insurance program at the Jambi City Health Center in 2022. **Methods:** This study used a quantitative research type with a descriptive approach and a cross sectional design. The data were obtained from a sample of 103 pregnant women respondents at the Jambi City Health Center, the research variables consisted of knowledge, education, employment, income, husband's support and support from health workers. The sampling technique uses proportional random sampling. **Results:** Bivariate analysis using the Chi-Square test found that factors related to integrated ANC visits were knowledge (0.006), occupation (0.001), income (0.01), husband's support (0.001), health worker support (0.000). There is no educational relationship (0.47). **Conclusion:** Variables that have a relationship are knowledge, work, income, husband's support, and support from health workers, while education does not.

Keywords: Integrated ANC, JKN, visits.

1. INTRODUCTION

The Maternal Mortality Rate (MMR) is still one of the priorities for achieving a country's health service indicators contained in the 2030 Sustainable Development Goals (SDGs), by reducing the maternal mortality rate to 70/100,000 live births[1]. The World Health Organization (WHO) says that between 2000 and 2017 there has been a reduction in the maternal mortality ratio of around 38% worldwide. However, according to estimates [2], around 810 mothers worldwide died as a result of pregnancy and childbirth every day in 2017. The maternal mortality rate in Indonesia from 2012 to 2015 has indeed decreased from 359/100,000 live births to 305/100,000 live births. However, this figure is still far from the MDGs target of 102/100,000 live births which must be achieved by 2015. According to the Ministry of Health in 2021, the family health program records show as many as 7,389 maternal deaths in Indonesia [3].

In 2018, MMR in Jambi Province was 70/100,000 live births. In 2019 it increased to 90/100,000 live births, and in 2020 it increased to 96/100,000 live births[4]. The infant mortality rate (IMR) is also one of the benchmarks for intervention efforts in the health sector carried out by the government [5]. Jambi Province for IMR data in 2019 of 3.91/1,000 live births, then IMR has increased in 2020 of 5.48/1,000 live births[4].

Direct causes of maternal death such as complications, contamination after delivery, pre-eclampsia/eclampsia, obstructed labor and premature termination are factors that cause maternal death [2]. Factors causing indirect maternal death factor four too (4T), including too young, too old, too many births, and too close [6]. Another factor causing death occurs when pregnancy is worsened by various conditions or other diseases such as malaria, diabetes, heart disease or other diseases suffered by the mother [2], and 3 are late, namely late in making decisions; late in reaching the referral facility; and late in getting help at referral facilities [7].

Health Center is one of the efforts that can be made to reduce mortality and morbidity in pregnant women which includes services in prevention, early detection of pregnancy complications in mothers by carrying out integrated Antenatal Care (ANC) activities or pregnancy checks that are not only comprehensive but also of high quality[6]. Integrated ANC services currently have indicators which are the first visit (K1), 4th visit (K4) and 6th visit (K6) which are carried out 2x in the first trimester, 1x in the second trimester and 3x in the third trimester, with a minimum of 2x pregnant women have to contact the doctor which is done 1x in the first trimester and 1x in the third trimester[8].

The government presents the national health insurance program as a tool for the community to be able to get services for pregnant women the same as reducing the cost of getting services, the aim is to reduce maternal mortality and improve overall health services [9]. BPJS Health explains that as of October 2022, the Indonesian population will guarantee health financing through the JKN program with a total of 246 million participants or approximately 90% of the population of Indonesia[10].

Indonesia has the number of ANC visits in 2020 with a total of 93.3% of K1 visits for pregnant women in Indonesia of the target of 95%, K4 of 84.6% of the target of 90% with JKN-KIS membership which has reached 245,843,917 people as of 31 October 2022[11]. Jambi Province itself has achieved the K1 target of 103.24% with the 2020 K1 target of 86% and visits of K4 pregnant women of 92.68% of the target of 78%. However, there are still cases of death in mothers found in Jambi Province with 62 cases of maternal deaths in 2020, this has increased from the previous year[4]. In Jambi Province, the coverage of K1 and K4 visits continues to fluctuate, increasing or decreasing. According to data from the Jambi City Health Office, the coverage of K1 visits for 3 years (2018-2020) is (97.9% -101.9% -96.5%), and the coverage of K4 visits for 3 years (2018-2020) is (95.1% -96.4% -82.5%) [12]. Based on the data obtained, it shows that 5 out of 20 Health Center covered in K1 coverage have not reached their target, while 7 out of 20 Health Center covered in K4 coverage have not reached their target. Cost, the quality of health workers who have not been maximized, and other factors are some of the influencing factors [13].

All Health Center in Jambi City have collaborated and contributed to the national health insurance program in which pregnant women who are JKN participants are guaranteed to get services of the same quality, but the problem they face is the low use of health insurance cards.

Furthermore, based on the description of the background, the researcher intends to study the decrease in the number of Integrated ANC visits participating in the National Health Insurance program at the Jambi City Health Center in 2022.

2. LITERATURE REVIEW
2.1 Integrated Antenatal Care (ANC)
During pregnancy interventions are needed in programs that integrate Integrated ANC with antenatal care. The aim of this integrated ANC is to provide services that are not only comprehensive and of high quality, but also eliminate missed opportunities, detect abnormalities in pregnant women early, prevent other diseases early, and those that already exist. The Integrated ANC service is a service in which all pregnant women from the beginning of conception to the beginning of the delivery process carry out a series of comprehensive and quality activities. The Integrated ANC quantity standard is a visit of 6 times during the gestation period (K6), and meets the 10T quality standar

2.2 National Health Insurance (JKN)
The National Health Insurance program, also known as the JKN program, is run by the BPJS. The aim of this program implemented by the community and the government is to provide comprehensive health insurance to all Indonesian people so that they can not only live healthy lives but also be productive and prosperous.

2.3 Health Center
Health Center is the frontline in providing basic health services at the first level which is also the main unit that organizes health services that deal directly with the community.

3. RESEARCH METHODOLOGY
This study uses a type of quantitative research withobservational methodology and Cross Sectional design. The location of this research was carried out in 7 health centers in Jambi City which had not yet reached the K4 target. The population taking into consideration that the health center has not reached the K4 target is 4,357 people, with a total sample of 103 respondents. The research variables consisted of knowledge, education, employment, income, husband's support and health worker support. Analysis using the Chi-Square test.

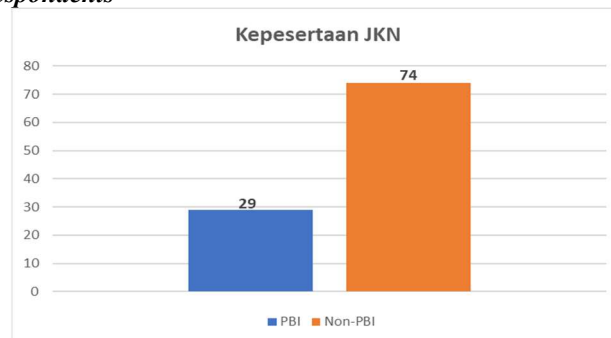**4. RESULT AND DISCUSSION**
4.1 Characteristics of Respondents

Figure 1. National Health Insurance Membership

Table 1. Distribution of Respondents Based on Respondent Characteristics

Distribution	n	(%)
Age (years)		
15 – 24	22	21.4
25 – 34	72	69.9
35 – 44	9	8.7
Pregnancy		
1st	35	34
2nd	38	36.9
3rd	19	18.4
4th	9	8.7
5th	2	1.9
Gestational Age		
Trimester II	30	29.1
Trimester III	73	70.9
Public health center		
Kebun Handil	15	14.6
Paal Merah II	9	8.7
Paal V	20	19.4
Paal X	15	14.6
Simpang IV Sipin	13	12.6
Talang Banjar	14	13.6
Tanjung Pinang	17	16.5

Source: Processed Primary Data, 2023

Based on table 2 it is known that the majority of respondents are aged 25 to 34 years (69.9%). Most of the respondents had their second pregnancy (36.9%). As for the gestational age, most of the respondents were in the third trimester (70.9%).

4.2. Research Variable

As independent variables can be summarized in the following table which consists of knowledge, education, employment, income, husband's support, and health worker support.

Table 2. Distribution of Respondents Based on Research Variables

Distribution	n	(%)
Knowledge		
Good	56	54.4
Not enough	47	45.6
Education		
Tall	70	68
Low	33	32
Work		
Work	53	51.5
Doesn't work	50	48.5
Income		
Tall	74	71.8
Low	29	28.2
Husband Support		
Support	87	84.5
Does not support	16	15.5
Health Officer Support		
Support	60	58.3
Does not support	43	41.7
Integrated ANC Visit		
In accordance	72	69.9
It is not in accordance with	31	30.1

Source: Processed Primary Data, 2023

Based on the data, it is known that the majority of respondents have good knowledge of 56 people (54.4%), respondents with a high education level are 70 people (68%), respondents with working status are 53 people (51.5%), with high income as many as 74 people (71.8%), 87 people (84.5%) received support from their husbands, and 60 people (58.3%) received support from health workers. And most of the respondents made ANC visits according to the trimester of pregnancy as many as 72 people (69.9%).

DISCUSSION

4.3. Relationship of Knowledge with Integrated Antenatal Care Visits

The results of the analysis between educational variables on the Integrated ANC visit obtained the following results:

Table 3. The Relationship between Knowledge and the Integrated ANC Visit of the JKN Program at the Jambi City Health Center

Knowledge	Integrated ANC Visit				Total		p-values	PR(95% CI)
	In accordance		It is not in accordance with					
	n	%	n	%	n	%		
Good	46	82.14	10	17.86	56	100		1,485
Not enough	26	55.32	21	44.68	47	100	0.006	(1,117-
Total	72	69.9	31	30.1	103	100		1,974)

Source: Processed Primary Data, 2023

Based on the data in table 4.3 above, it is known that 46 respondents (82.14%) had good knowledge of the Integrated ANC visits according to their gestational age. Respondents with less knowledge who received Integrated ANC treatment were 26 respondents (55.32%).

Based on the test results, the p-value of the chi-square statistical test was known to be 0.006 (p <0.05), indicating that knowledge is related to the Integrated ANC visit. The results of this study were also supported by Nida, et al in 2022 which stated that a p-value of 0.000 was obtained using the results of Chi-Square analysis at a significance level of 95% and an α value or error rate = 0.05. If the p-value is less from the value of α then Ho is rejected or there is a relationship between mother's knowledge and antenatal care visits in the working area of the Sei Health Center, South Central Timor District [14].

However, the research results of this researcher were also supported by Habibah, et al in 2020 which stated thatbased on the results of the bivariate analysis test between the variable level of knowledge and ANC visits during the covid 19 pandemic, p = 0.238, or the p-value is greater □ (p> 0.05). This means that there is no significant relationship between mother's knowledge and Integrated ANC visits during the Covid 19 pandemic[15].

When viewed from the PR value = 1.485, it means that pregnant women with poor knowledge of using national health insurance in Jambi City in 2022 are at risk of 1.485 times not having an Integrated ANC visit according to their gestational age. An adequate level of knowledge of pregnant women will increase their adherence to ANC, whether the mother is a JKN user in the PBI or Non-PBI group, conversely if the mother lacks knowledge, the pregnant mother will not comply in carrying out ANC, because the mother's ignorance of the importance of prenatal checks makes the mother not routine check for pregnancy.

4.4. Relationship between Education and Integrated Antenatal Care Visits

The results of the analysis between educational variables on the Integrated ANC visit obtained the following results:

Table 4. Relationship between Education and Integrated ANC Visits to the JKN Program at Jambi City Health Centers

Education	Integrated ANC Visit				Total		p-values	PR(95%CI)
	In accordance		It is not in accordance with					
	n	%	n	%	n	%		
Tall	51	72.85	19	27.15	70	100		1.145
Low	21	63.6	12	36.4	33	100	0.47	(0.653-
Total	72	69.9	31	30.1	103	100		1.538)

Source: Processed Primary Data, 2023

Based on the data in table 4.4 above, it is known that 51 respondents (72.85%) with a higher education level visited the Integrated ANC. Meanwhile, 21 respondents (63.6%) had a low level of education who carried out the Integrated ANC visit.

Based on the results of statistical tests using chi-square, it is known that the p-value is 0.47 (p>0.05), so it can be said that education is not related to the Integrated ANC visit. This is consistent with research conducted in 2021 by Palancoi, et al which showed that the results of the chi-square test analysis of the relationship between length of education and ANC compliance yielded a result of 0.285 (> 0.05), indicating that there was no significant relationship between length of education and ANC compliance [16].

However, this research is not in line with Mufida in 2022 who stated that the value of $\rho = 0.000 < \alpha$ (0.05) means that the p value in this study is smaller than α (0.05) or below 0.05, so H0 rejected, so it can be concluded that there is a relationship between education level and adherence to antenatal care examinations for third trimester pregnant women at the Sugihwaras Health Center, Bojonegoro Regency [17].

With higher education, it will indirectly improve the cognitive skills needed to be able to continue learning outside of school, because the higher a person's education, the easier it is for that person to receive information [17]. However, if high education is not supported by awareness of pregnant women themselves in carrying out ANC, then high education will also not affect regularity in making visits. Pregnant women with JKN users, both PBI and non-PBI groups, if they have a high level of education coupled with high awareness, their insights will increase and they will become more aware that health is so important for life so that they are motivated to make visits to health service centers that are better, such as conducting an Integrated Antenatal Care visit at the Jambi City Health Center.

4.5. Occupational Relationship with Integrated Antenatal Care Visits

The results of the analysis between work variables on the Integrated ANC visit obtained the following results:

Table 5. Work Relations with Integrated ANC Visits to the JKN Program at Jambi City Health Centers

| Work | Integrated ANC Visit | | | | | | p-values | PR(95%CI) |
| | In accordance | | It is not in accordance with | | Total | | | |
	n	%	n	%	n	%		
Work	45	84.9	8	15.1	53	100		1,572 (1,188-2,080)
Doesn't work	27	54	23	46	50	100	0.001	
Total	72	69.9	31	30.1	103	100		

Source: Processed Primary Data, 2023

Based on the data in table 4.5 above, it is known that 45 respondents (84.%) of respondents with working status visited the Integrated ANC. Respondents with unemployed employment status (IRT) who carried out the Integrated ANC visit were 27 respondents (54%).

Based on the results of statistical tests using chi-square, it is known that the p-value is 0.001 ($p < 0.05$), indicating that work is related to the Integrated ANC visit. This research was also supported by Meita, et al in 2022 with its findings yielding a p value $= 0.013 < \alpha = 0.05$ indicating a significant relationship between age and antenatal care visits[18].

The results of the analysis also show a prevalence ratio (PR) of 1,572 (95% CI=(1,188-2,080)). This means that respondents with unemployed status (IRT) are at risk of not having an Integrated ANC visit 1,572 times according to their gestational age. When a mother has a job as an IRT, she spends more of her free time making ANC visits. Work is a priority, especially to meet needs. As a result, ANC visits are often postponed and even ignored by pregnant women. In addition, working pregnant women do not have enough time to make ANC visits because they need permission not to come to work, so they do not have the opportunity to go to health facilities to have ANC checks.

4.6. Revenue Relationship with Integrated Antenatal Care Visits

The results of the analysis between the income variables on the Integrated ANC visits obtained the following results:

Table 6. The Relationship between Income and Visits to the Integrated ANC Program of the JKN Program at the Jambi City Health Center

| Income | Integrated ANC Visit | | | | | | p-values | PR(95% CI) |
| | In accordance | | It is not in accordance with | | Total | | | |
	n	%	n	%	n	%		
Tall	59	79.73	15	20.27	74	100		1,779 (1,169-2,706)
Low	13	44.83	16	55.17	29	100	0.01	
Total	72	69.9	31	30.1	103	100		

Source: Processed Primary Data, 2023

Based on the data in table 4.6 above, it is known that respondents with high income levels who run Integrated ANC according to their gestational age are as many as 59 respondents (79.73%). Respondents with low income levels who carried out Integrated ANC according to their gestational age were 13 respondents (44.83%).

Based on the results of statistical tests using chi-square, it is known that the p-value is 0.01 ($p < 0.05$), so it can be said that income is related to the visit of the Integrated ANC. This research is supported by research by Ida, et al in 2022 which also supports this which is based on the results of an analysis of the variable income with ANC visits obtained p value $= 0.006 < \alpha$ 0.05, which means there is a socio-economic relationship to the behavior of ANC inspection visits[19].

The results of the analysis also show a prevalence ratio (PR) of 1,779 (95% CI=(1,169-2,706)). This means that respondents with low income levels are at risk of not having an Integrated ANC visit 1,779 times according to their gestational age. Based on open questions asked to pregnant women who did not go to the doctor, it was found that the reason for the limitations of pregnant women was due to limited funds, especially for pregnant women participating in the PBI JKN group. Even though the respondents are JKN participants whose ANC services have also been covered, respondents with low incomes tend to prioritize their basic needs compared to their visit to a health service, especially in carrying out examinations to the doctor. It means, if the family economy of pregnant women is getting stronger, then mothers will tend to be motivated to make Antenatal Care visits.

4.7. Relationship between Husband Support and Integrated Antenatal Care Visits

The results of the analysis between the husband's support variables for the Integrated ANC visit obtained the following results:

Table 7. The Relationship between Husband's Support and Integrated ANC Visits to the JKN Program at the Jambi City Health Center

Husband Support	Integrated ANC Visit						Total		p-values	PR(95%CI)
	In accordance		It is not in accordance with							
	n	%	n	%	n	%				
Support	67	77	20	23	87	100				
No Support	5	31.25	11	68.75	16	100			0.001	2,642 (1,181-5,143)
Total	72	69.9	31	30.1	103	100				

Source: Processed Primary Data, 2023

Based on the data in table 4.7 above, it is known that 67 respondents (77%) had respondents with husbands who supported and conducted Integrated ANC visits. Meanwhile, 5 respondents (31.25%) did not support their husbands but continued to make Integrated ANC visits.

Based on the results of statistical tests using chi-square, it is known that the p-value is 0.001 (p <0.05), indicating that integrated ANC visits are associated with husband's support. This is also in accordance with Ellen's research in 2022 with the results obtained p value = 0.000 (p <0.05), which shows that there is a correlation between the regularity of the mother in making ANC visits and the support of her husband.[20].

The results of the analysis also show a prevalence ratio (PR) of 2,642 (95% CI=(1,181-5,143)). This means that respondents with non-supportive husbands are at risk of not having an Integrated ANC visit 2,642 times according to their gestational age. Through the support of a good husband as the mother's closest companion, pregnant women are more encouraged to maintain their pregnancy. As a result, mothers are more motivated to make ANC visits when accompanied by their husbands and become positive support for mothers that is beneficial for their health and that of their future children.

3.8. Relationship between health worker support and integrated antenatal care visits

The following are the results of the analysis between the variables of health worker support at an integrated ANC visit:

Table 8. The Relationship between Health Officer Support and the JKN Program Integrated ANC Visits at the Jambi City Health Center

Health Officer Support	Integrated ANC Visit						Total		p-values	PR(95% CI)
	In accordance		It is not in accordance with							
	n	%	n	%	n	%				
Support	53	88.33	7	11.67	60	100				
No Support	19	44.2	24	55.8	43	100			0.000	1,999 (1,411-2,832)
Total	72	69.9	31	30.1	103	100				

Source: Processed Primary Data, 2023

As shown in the data in table 4.8 above, it is known that 53 respondents (88.33%) support and carry out the Integrated ANC visits with the support of health workers. Meanwhile, 19 respondents (44.2%) did not have the support of officers who carried out the Integrated ANC visit.

It is known from the results of statistical tests using chi-square, that the p-value is 0.000 (p <0.05), this indicates that the Integrated ANC visit is related to the support of health workers. Supported by Mariana et al's research in 2022 which showed that the results of statistical tests obtained a p-value of 0.003 (p <0.05), it can be concluded that there is a significant relationship between officer support and ANC visits[21].

This analysis resulted in a prevalence ratio (PR) of 1,999 (95% CI = (1,411-2,832)). This means that respondents who do not receive the support of health workers are at 2 times the risk of not having an Integrated ANC visit according to their gestational age. Pregnant women's trust in medical personnel has a significant positive influence in providing comfort to ensure their safety during pregnancy. Therefore, it can be concluded that pregnancy with attendant assistance will give a good meaning.[22].

5. CONCLUSION

Based on bivariate analysis using the Chi-Square test, it was found that the factors associated with integrated ANC visits to JKN participants were knowledge (0.006), employment (0.001), income (0.01), husband support (0.001), health worker support (0.000), while for education variables there is no relationship (0.47).

ACKNOWLEDGMENTS

DAFTAR PUSTAKA

A. Rufaridah, "Pelaksanaan Antenatal Caree (ANC) 14 T pada Bidan di wilayah kerja Puskesmas Lubuk Buaya Padang," *Menara Ilmu*, vol. XIII, no. 2, pp. 1–12, 2019, [Online]. Available: http://garuda.ristekbrin.go.id/documents/detail/1006808

WHO, "Maternal Mortality," *online*, 2019. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality. (accessed Mar. 04, 2022).

Kemenkes RI., *Profil Kesehatan Indonesia 2021*. Jakarta: Kementrian Kesehatan Indonesia, 2022.

Dinkes Provinsi Jambi, *Profil Kesehatan Provinsi Jambi 2020*. Jambi: Dinas Kesehatan Provinsi Jambi, 2021.

K. A. Monalisa, "Estimasi Angka Kematian Bayi (AKB) di Indonesia dengan Geographically Weighted Regression (GWR) dan Mixed Geographically Weighted Regression (MGWR)," vol. 22, no. 2, pp. 1–74, 2022.

S. Astuti Siregar and D. Noerjoedianto, "Kinerja Bidan pada Pelayanan Antenatal Care (ANC) Terpadu di Puskesmas Kota Jambi," *Cerdika J. Ilm. Indones.*, vol. 1, no. 3, pp. 299–312, 2021, doi: 10.36418/cerdika.v1i3.31.

N. A and K. D, "The Effectiveness of The Action to Accelerate The Reduction of Maternal Mortality Rate in Indonesia," *J. penganggaran Sekt. publik*, vol. 2, no. 1, pp. 1–28, 2018, [Online]. Available: https://anggaran.e-journal.id/akurasi/article/view/32/17

Kemenkes RI, *Pedoman Pelayanan Antenatal Terpadu*, 3rd ed. Kementrian Kesehatan RI, 2020.

D. S. S. Rumengan and J. M. L. U. G. D. Kandou, "Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS Kesehatan di Puskesmas Paniki Bawah Kecamatan Mapanget Kota Manado Factors Associated with Health Care Utilization Health On BPJS Participants in PHC Paniki Mapanget D," *JIKMU*, vol. 5, no. 1, pp. 88–100, 2015.

Humas BPJS Kesehatan, "Layanan Kesehatan JKN, Mutu dan Pemerataan Akses Fasilitas Kesehatan jadi Tantangan," *BPJS Kesehatan*, 2022. https://www.bpjs-kesehatan.go.id/bpjs/post/read/2022/2450/Layanan-Kesehatan-JKN-Mutu-dan-Pemerataan-Akses-

Fasilitas-Kesehatan-jadi-Tantangan (accessed Nov. 17, 2022).

Kemenkes RI, *Profil Kesehatan Indonesia 2020*. Jakarta: Kementrian Kesehatan Indonesia, 2021. doi: 10.1524/itit.2006.48.1.6.

Dinas Kesehatan Kota Jambi, *Profil Kesehatan Kota Jambi 2020*. Jambi: Dinkes Kota Jambi, 2021.

W. Yanti, *Faktor-Faktor Yang Berhubungan Dengan Kinerja Bidan Pada Pelayanan Antenatal Care (ANC) Terpadu Di Puskesmas Kota Jambi Tahun 2019*. 2020.

N. Tasuib, I. Manurung, and R. Limbu, "Factors Related To Antenatal Care Visit In Pregnant Women In The Work Area Of Se ' I Primary Health Care , Timor Tengah Selatan District," *J. Media Kesehat. Masy.*, vol. 4, no. 1, pp. 50–59, 2022.

U. Habibah, R. Putri, and A. S. Rini, "Hubungan Pengetahuan,Status Pekerjaan, Fasilitas Kesehatan Terhadap Kunjungan Antenatal Care Care Pada Masa Pandemi Covid 19 Di Pmb Umi Habibah Tahun 2022," *SENTRI J. Ris. Ilm.*, vol. 1, no. 3, pp. 674–684, 2022, doi: 10.55681/sentri.v1i3.274.

N. A. Palancoi, Y. I. M, and A. Nurdin, "Hubungan Usia, Lama Pendidikan, Pekerjaan, dan Paritas Ibu Dengan Tingkat Kepatuhan ANC di RSUD Syekh Yusuf Kabupaten Gowa Tahun 2018," *UMI Med. J.*, vol. 6, no. 1, pp. 54–61, 2021, doi: 10.33096/umj.v6i1.106.

T. Mufida, "Hubungan Tingkat Pendidikan Dengan Kepatuhan Pemeriksaan Antenatal Care Pada Ibu Hamil Trimester III (Studi Di Puskesmas Sugihwaras Kabupaten Bojonegoro) Tria," 2020, [Online]. Available: http://journal.um-surabaya.ac.id/index.php/JKM/article/view/2203

M. Hipson, S. Handayani, and A. Pratiwi, "Faktor-Faktor Yang Berhubungan Dengan Kunjungan Antenatal Care," *J. 'Aisyiyah Med.*, vol. 7, no. 2, pp. 188–193, 2022.

I. Indarti and A. Nency, "Pengetahuan, Dukungan Suami, Sosial Ekonomi dan Jarak Tempat Tinggal Terhadap Perilaku Ibu Hamil dengan Kunjungan ANC," *SIMFISIS J. Kebidanan Indones.*, vol. 1, no. 4, pp. 157–164, 2022, doi: 10.53801/sjki.v1i4.49.

J. A. Yunica, Heryanti, and E. U. Putri, "Hubungan Pengetahuan Ibu Dan Dukungan Suami Terhadap ANC Di BPM Zuniawati Palembang Tahun 2021 Prodi D III Kebidanan , STIKES Pembina Palembang , Indonesia," *J. Kesehat. Budi Luhur*, vol. 15, no. 1, pp. 575–582, 2022.

M. B. Harahap, razia B. Suroyo, and M. E. Safitri, "Analisis Faktor Yang Memengaruhi Pemeriksaan ANC Pada Ibu Hamil Di Wilayah Puskesmas Alai Kota Padang Tahun 2021," *Miracle J.*, vol. 2, no. 1, pp. 138–147, 2022.

Nislawaty and S. Syahda, "Hubungan Sikap Ibu Hamil Dan Peran Petugas Kesehatan Dengan Kunjungan Antenatal Care (ANC) pada Masa Covid-19 di Wilayah Kerja UPT Puskesmas Rumbio Tahun 2021," *J. Doppler*, vol. 5, no. 2, pp. 171–176, 2021.