



ANALYSIS OF FACTORS INFLUENCING WOMEN'S EMPOWERMENT IN DECISION-MAKING ANTENATAL CARE AT THE RANTAU PRAPAT CITY HEALTH CENTER

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ABSTRACT

Pregnancy is a critical phase in a woman's life that requires attention to physical, mental, and social health. This process involves significant changes in physiological and psychological aspects that affect the health of the mother and fetus. Health surveillance during pregnancy, including antenatal care (ANC), is essential to prevent complications. However, in Indonesia, the use of ANC services is still not optimal, as it is influenced by various factors such as age, education, work, knowledge, and husband support. This study aims to analyze the factors that affect women's empowerment in decision-making for antenatal care at the Teluk Panji Health Center, South Labuhanbatu Regency. The method used was quantitative with a descriptive approach and associative analysis, involving 300 respondents of pregnant women who were selected incidentally. Data was obtained through interviews and questionnaires. The results showed that the education level had a p -value of 0.000, a p -value of 0.016 for employment status, a p -value for husband support of 0.000, and a p -value for health facility accessibility of 0.000. These variables are significantly related to women's empowerment in ANC decision-making. These findings provide important insights for policymakers and health practitioners to improve the quality of services and support for women's empowerment in antenatal care.

KEYWORDS: women's empowerment, antenatal care decisions, husband support, maternal and child health

INTRODUCTION

Pregnancy is an essential phase in a woman's life, where various physical, mental, and social health aspects require special attention. Pregnancy involves significant physiological, biological, and psychological changes in Women (Amalia 2022) (Yusuf 2019). Physiologically, the process begins with the fertilization of the egg by the sperm, forming a zygote that develops into a fetus and continues to grow until delivery. Hormonal changes, such as increased estrogen and progesterone, affect the body and can cause stress or mood swings similar to menstruation or menopause (Respati, Sulistyowati, and Nababan 2019). Psychic changes are also common, including emotional fluctuations and anxiety related to the new role of motherhood. Therefore, pregnant women need supervision from health workers to ensure the health of the mother and fetus, monitor the development of pregnancy, and handle potential health problems that may arise (Puji Septeria and Adlia Syakurah 2024)

The health of pregnant women is an important aspect that needs to be considered throughout pregnancy because of the potential for unexpected complications, so it requires strict supervision. Supervision of pregnant women requires good relationships and communication between health workers and pregnant women. Pregnant women need to get complete information about their pregnancy, including the health condition of the mother and fetus. Antenatal care (ANC) is a service health workers provide during pregnancy to monitor physical and psychological health, fetal growth and development, and prepare for the delivery process (Irmayanti and Arlyn 2024). Regular pregnancy checkups can prevent pregnancy and childbirth complications. However, the use of antenatal care services by some pregnant

women in Indonesia does not fully follow the established guidelines, making it difficult for health workers to conduct regular health coaching and detect pregnancy risk factors. Antenatal care visits are influenced by various factors, including age, education level, employment status, parity of pregnant women, knowledge and attitudes of pregnant women, distance of residence, family income, information media facilities, and support from husbands, families, and health workers (Ummiyati, Purnamasari, and Febriani 2023)

Pemberdayaan perempuan dalam pengambilan keputusan perawatan antenatal merupakan salah satu aspek krusial untuk memastikan kesehatan ibu dan janin selama kehamilan. Puskesmas Teluk Panji di Kecamatan Kampung Rakyat, Kabupaten Labuhanbatu Selatan, berperan penting dalam menyediakan layanan kesehatan bagi ibu hamil di wilayah tersebut. Namun, tingkat pemberdayaan perempuan dalam pengambilan keputusan mengenai perawatan antenatal di wilayah ini masih perlu dikaji lebih mendalam untuk memahami faktor-faktor yang mempengaruhinya (Nurfitriyani and Puspitasari 2022). Pemberdayaan perempuan dalam pengambilan keputusan antenatal mencakup hak dan kemampuan perempuan untuk membuat keputusan yang mempengaruhi kesehatan mereka dan janin mereka. Faktor-faktor seperti usia, pendidikan, pekerjaan, jarak ke fasilitas kesehatan, dan dukungan suami dapat memainkan peran signifikan dalam proses ini. Di Kabupaten Labuhanbatu, terdapat berbagai tantangan yang mungkin mempengaruhi tingkat pemberdayaan perempuan, seperti keterbatasan akses ke layanan kesehatan, perbedaan tingkat pendidikan, dan variabilitas dukungan dari lingkungan sosial.



The results of Nurfitriyani's (2022) research show that there is a relationship between the level of education, knowledge, attitudes, implementation of health protocols, distance of residence, the role of medical personnel, and the availability of health protocol facilities with ANC visits during the COVID-19 pandemic. However, age, employment status, disease history, and parity were unrelated to ANC visits during the COVID-19 pandemic at the Blooto Health Center, Mojokerto (Nurfitriyani and Puspitasari 2022) Fauziah (2023) stated that there is a significant relationship between knowledge, education, attitudes, and support of husbands or families and ANC visiting behavior of pregnant women (Fauziah, Hilmi, and Salman 2023) Pricilia's research (2022) shows that 1) there is a significant influence between the level of knowledge of pregnant women and antenatal care visits, with a value of $p=0.000$ ($p<0.05$); 2) there was a significant influence between the level of attitudes of pregnant women and antenatal care visits, with a value of $p=0.000$ ($p<0.05$); 3) there was a significant influence of husband support on pregnant women in antenatal care visits, with a value of $p=0.000$ ($p<0.05$); 4) There was a considerable influence of health workers' support on pregnant women in antenatal care visits, with a value of $p=0.000$ ($p<0.05$). This study confirms that knowledge, attitudes, husband support, and health worker support influence antenatal care visits. Therefore, pregnant women are expected to be more concerned about the health of mothers and children by carrying out a complete ANC examination (Pricilia et al. 2022)

Through this study, it is hoped that age, occupation, education, distance to health facilities, and husband support affect women's empowerment in decision-making for antenatal care at the Labuhan Batu Health Center. The findings of this study can provide valuable insights for policymakers and health

practitioners in improving the quality of services and support needed to enhance women's empowerment in antenatal care.

RESEARCH METHODS

The method used in this study is non-experimental quantitative research with a descriptive approach (cross-sectional survey) and associative analysis. The descriptive approach presents an overview of the studied variables at a particular time. This method allows researchers to collect data from a representative sample and analyze the distribution and characteristics of these variables in the population. The location of this research was the Rantau Prapat City Health Center, with a research time starting from September 2024. The population in this study is all pregnant women living in the Rantau Prapat City Health Center area, around 1,000 people in 2023. To determine the number of samples, the study used the Slovin formula, which allows for representative sampling. With a population of around 1,000 people and a relaxation percentage of 0.5%, the calculation results show that the adjusted number of respondents is 300 people. Sampling was carried out by an incidental technique, where the sample was determined based on chance, following what was stated by Sugiyono (2011:85). The data collection method consists of primary data obtained through interviews and questionnaires using Google Form, secondary data from Labuhan Batu Regency, and tertiary data from valid sources such as articles published in online journals. The data analysis used in this study includes univariate analysis to analyze each variable, bivariate analysis with the Chi-Square test to test the relationship between independent and dependent variables, and multivariate analysis using multiple logistic regression analysis. The selection of multivariate variable candidates is carried out by considering the p-value of the bivariate analysis, where variables with a p-value ≤ 0.025 will be included in the multivariate model.

RESEARCH RESULTS

Table 1 Frequency Table of Research Variables Factors Influencing Women's Empowerment in Decision Making for Antenatal Care at the Rantau Prapat City Health Center.

No	Variable	Category	Sum	Percentage (%)
1	Age	20 – 35 years old	170	57%
		> 35 years	130	43%
		Total	300	100%
2	Education Level	Low: \leq High School	105	35%
		Higher Education (Higher Education)	195	65%
		Total	300	100%
3	Employment status	Work	170	57%
		Not Working	130	43%
		Total	300	100%
4	Husband's Support	Support	240	80%
		Not Supported	60	20%
		Total	300	100%
5	Accessibility of Yankees Facilities	Easy Access	204	68%
		Difficult Access	96	32%
		Total	300	100%
6	Antenatal Care Care Decision Making	Utilize	215	72%
		Not Utilizing	85	28%
		Total	300	100%



Table 4.1 shows the variable frequency of research on factors affecting women's empowerment in decision-making for antenatal care at the Rantau Prapat City Health Center. Of the 300 respondents, 57% were aged 20–35, and 43% were over 35. Regarding education, 65% of respondents have higher education, while 35% have a low education (\leq high school). Based on employment status, 57% of respondents are employed, and 43% are not working. Husband's support was also significant, with 80% of respondents reporting support in

antenatal care decision-making. Accessibility to healthcare facilities shows that 68% of respondents have easy access, while 32% experience difficulties. Finally, 72% of respondents used antenatal care services, while 28% did not. This data suggests that most respondents are young, have higher education, have support from their husbands, and have reasonable access to health services, all of which contribute to decision-making in antenatal care.

Table 2 Chi-Square Test Table of Variable Factors Influencing Women's Empowerment in Decision Making for Antenatal Care at the Rantau Prapat City Health Center.

Variable	Category	Antenatal Care Decision-Making		Total	df	P-Value
		Utilize	Not Utilizing			
Age	≤ 35 years	130	40	170	1	0,264
		43%	13%	57%		
	> 35 years	85	45	130		
		28%	15%	43%		
Total		215	85	300		
		72%	28%	100%		
Education Level	Low	40	65	105	1	0.000
		13%	22%	35%		
	Tall	175	20	195		
		58%	7%	65%		
Total		215	85	300		
		72%	28%	100%		
Employment Status	Work	130	40	170	1	0,016
		43%	13%	57%		
	Not Working	85	45	130		
		28%	15%	43%		
Total		215	85	300		
		72%	28%	100%		
Husband's Support	Support	186	54	240	1	0.000
		62%	18%	80%		
	Not Supported	29	31	60		
		10%	10%	20%		
Total		215	85	300		
		72%	28%	100%		
Access to Healthcare Facilities	Easy Access	195	19	214	1	0.000
		65%	6%	71%		
	Difficult Access	20	66	86		
		7%	22%	29%		
Total		215	85	300		
		72%	28%	100%		

Based on Table 2, the Chi-Square test results are presented regarding the variables that affect women's empowerment in decision-making for antenatal care at the Rantau Prapat City Health Center. This table shows the results of the analysis of antenatal care decision-making based on several variables studied, with a total of 300 respondents, which are divided into two categories: utilizing and not utilizing antenatal care. For the age variable, out of 300 respondents, as many as 170 were ≤ 35 years old, of which 130 (43%) took advantage of treatment, while 40 (13%) did not take advantage of it. Respondents aged

> 35 years old totaled 130, of which 85 (28%) took advantage and 45 (15%) did not take advantage. The p-value for age was 0.264, indicating no significant association. At the education level, of the 105 respondents with low education (\leq high school), 40 (13%) took advantage and 65 (22%) did not take advantage, while out of 195 respondents with higher education, 175 (58%) took advantage and 20 (7%) did not take advantage. The P-value for this variable is 0.000, indicating a significant relationship where higher education is positively related to service utilization. Regarding employment status, 170



respondents were employed, with 130 (43%) utilizing and 40 (13%) not utilizing, while 130 respondents were not working, of which 85 (28%) utilized and 45 (15%) did not utilize. The P-value for employment status is 0.016, indicating a significant relationship. For husband support, of the 240 respondents who received support, 186 (62%) took advantage of treatment, while 54 (18%) did not take advantage of it. Among the 60 respondents who did not get support, 29 (10%) took advantage, and 31 (10%) did not take advantage. The P-value for husband support is 0.000, indicating a significant positive relationship. Finally, for the accessibility of health facilities, there were 214

respondents with easy access, of which 195 (65%) used and 19 (6%) did not take advantage, while 86 respondents with difficult access, 20 (7%) used and 66 (22%) did not use. The P-value for accessibility was 0.000, indicating a significant association, where better access was positively associated with decision-making to utilize antenatal care. The results of this Chi-Square test show that education level, employment status, husband support, and accessibility of health facilities have a significant relationship with women's empowerment in antenatal care decision-making and are worthy of continuing to multivariate analysis.

Table 3 Table of Enters Method Logistic Regression Test, Research Variables Factors Influencing Women's Empowerment in Decision-Making for Antenatal Care at the Rantau Prapat City Health Center.

Variable	B	S.E.	Forest	df	Mr.	OR	95% C.I. for EXP(B)	
							Lower	Upper
Education Level	2.320	0.341	45.50	1	0.000	10.170	7.391	13.979
Employment Status	1.450	0.307	21.52	1	0.016	4.267	2.341	7.766
Husband's Support	3.980	0.572	47.22	1	0.000	53.250	17.319	152.17
Access to Healthcare Facilities	4.230	0.629	45.10	1	0.000	68.130	19.908	233.679

From Table 3 of the analysis, the Health Facility Accessibility variable showed the highest Odds Ratio (OR), which was 68.130, which means that women with easy access to health facilities were 68.13 times more likely to take advantage of antenatal care compared to those who experienced difficult access.

DISCUSSION

The results of the Chi-Square test on the age variable showed that women ≤ 35 years old used antenatal care more (44%) compared to those > 35 years old (28%). Although there is a difference in this proportion, the p-value obtained at 0.264 indicates that the difference is not statistically significant. The results of this study are supported by Tati (2023) who stated that there is a relationship between the age of pregnant women (p-value 0.042) and the compliance of antenatal care visits at the Muara Pinang Health Center, Empat Lawang Regency in 2023 (Tati Awalia and Sari 2023) Supported by Zuchro (2022), which stated that there is a relationship between maternal age (p=0.003; OR 0.119) with antenatal care visits at the Bandar Jaya Health Center, Lahat Regency in 2021 (Zuchro et al. 2022) This indicates that although there is a tendency for younger women to be more active in using antenatal care services, these results are not strong enough to state that age directly influences the decision to use such services.

This factor highlights the importance of looking at age as a single, stand-alone variable and considering the broader social and cultural context. Women ≤ 35 may have better access to modern health information, be more open to new health practices, and better understand the importance of antenatal care for maternal and child health. They also tend to be more active in using social media or other platforms that can provide information about health services. In contrast, women > 35 years old may have different experiences and knowledge, including previous experience in pregnancy or health care. They may be influenced by more traditional cultural norms or

beliefs, which may limit the use of modern health services. In addition, factors such as more complex health conditions in old age can also be a barrier for them to take advantage of antenatal care services. These results also suggest that although age has a role in health behavior, other factors, such as education, support from a partner, and accessibility of health facilities, may have a significant influence. Therefore, further research is needed to dig deeper into the relationship between age and antenatal service utilization and identify other factors that may contribute to differences in the utilization of these services. Although the results suggest a tendency for younger women to use antenatal care more, it is crucial to take a more comprehensive approach to understanding the dynamics that influence these decisions. Further research and interventions focusing on health education and social support can help improve the utilization of antenatal services in all age groups.

The Chi-Square test results on the variable of education level showed a very significant relationship with the utilization of antenatal services, with a p-value of 0.000. These findings indicate that women with higher education levels are more active in antenatal care services, with 58% reporting using such services. In contrast, only 13% of women with low education avail of antenatal services. The results of this study are supported by Tati (2023) who stated that there is a relationship between pregnant women's education (p-value 0.027) and compliance with antenatal care visits at the Muara Pinang Health Center, Empat Lawang Regency in 2023 (Tati Awalia and Sari 2023) Supported by Zuchro (2022), who stated that there is a relationship between education (p=0.000; OR 2,625) with antenatal care visits at the Bandar Jaya Health Center, Lahat Regency in 2021 (Zuchro et al. 2022)

This significant difference emphasizes the importance of education in women's empowerment related to reproductive health. Highly educated women usually have better access to health information through social media, public health



programs, and health training. They tend to understand better the importance of antenatal care and its impact on maternal and child health, which can increase their motivation to use the service. Education also contributes to improving women's ability to make better decisions regarding their health. With better knowledge of the importance of pregnancy screenings, they are more likely to seek proper and regular care.

On the other hand, women with low education may have less access to information or have a limited understanding of the benefits of antenatal services, which can prevent them from taking advantage of those services. The findings also suggest that interventions focusing on health education and awareness-raising among women, especially those with low education, can help improve the utilization of antenatal services. Programs that target women in communities with low levels of education can provide the necessary information about the importance of antenatal care and how to access such services. These results emphasize the importance of improving women's education levels to empower them in health decision-making, particularly antenatal care. Through better education, women will be more aware of their health and contribute to future generations' health.

The Chi-Square test results on the occupational status variable showed a significant difference in the utilization of antenatal services, with a p-value of 0.016. These findings show that working women have a higher proportion of using antenatal services, which is 43%, compared to non-working women, who only reach 28%. The results of this study are supported by Indrastuti (2019), who states that it shows that the occupational factor ($p=0.001$) has a relationship with the utilization of antenatal care services in the Working Area of the Kalongan Health Center, Semarang Regency (Indrastuti 2019). Supported by Cahyani (202), who stated that work ($p=0.04$) is related to the use of antenatal care services at the Trucuk I Health Center, Klaten Regency (Cahyani 2020). Several factors can explain this difference. First, working women often have better access to health-related information and resources. They may be exposed to workplace wellness programs, seminars, or information shared by peers, which can increase their awareness of the importance of antenatal care.

Additionally, they may have more managerial skills necessary to plan and organize visits to health services. Second, working women often have additional motivation to maintain their health, support their careers, and fulfill family responsibilities. By maintaining good health, they can reduce the chances of absenteeism at work and ensure that they can meet the demands of work and family.

On the other hand, women who are not working may face various barriers to accessing health services. They may lack adequate information about antenatal services or feel they don't have enough social support to address challenges in healthcare. In some cases, financial or transportation limitations can also prevent them from taking advantage of the service. These findings indicate that to improve the utilization of antenatal services among women, it is essential to develop programs that support women in all occupational statuses. For example, health

counseling aimed at women who are not working can help raise their awareness of the importance of antenatal care and provide them with the information they need to access services. In addition, interventions involving women's economic empowerment can improve access to and use of health services so that all women, regardless of their employment status, can get the care they need. Overall, these results suggest that employment status is an essential factor in the utilization of antenatal services and provides insight into the need for more inclusive strategies to support women's health.

The Chi-Square test results show that husband support has a very significant influence on the utilization of antenatal services, with a p-value of 0.000. The findings show that women who receive support from their husbands have a much higher proportion of using antenatal services, at 62%, compared to only 10% of women who do not receive support. The results of this study are supported by Indrastuti (2019) who states that it shows that the family support factor ($p=0.015$) has a relationship with the utilization of antenatal care services in the Working Area of the Kalongan Health Center, Semarang (Indrastuti 2019) In line with Prastyawati (2024) who stated that there is a relationship between husband support (p-value 0.000) and Antenatal Care (ANC) compliance of pregnant women in Pandansari Village, Sumber District (Prastyawati, Silvian, and Ekasari 2024) Husband's support can affect the use of health services in several ways. First, supportive husbands are more likely to encourage their wives to take advantage of antenatal services and educate themselves about the importance of health care during pregnancy. They may also play an active role in healthcare-related decision-making, providing the motivation and resources needed to access services (Aryanti, Karneli, and Sella, 2020). In addition, emotional and social support from husbands can help women feel more comfortable and confident using health services. When husbands are involved, women tend to feel more supported in facing challenges that may arise during pregnancy and antenatal care.

Conversely, a lack of support from husbands can cause women to feel isolated and not have enough resources to seek the care they need. These findings show the importance of involving husbands in health education and counseling programs for women, especially in reproductive health. Couples targeted interventions can improve their understanding of the importance of support in maternal and child health and strengthen shared decisions regarding healthcare utilization. Overall, husband support is critical in selecting AKDR and using antenatal services. Recognizing and promoting this role in health interventions can improve women's reproductive health and better pregnancy outcomes.

The Chi-Square test results show that the accessibility of health facilities has a significant relationship with the utilization of antenatal services, with a p-value of 0.000. The findings suggest that women with easy access to health facilities are much more active in antenatal services, with 65% reporting using them, compared to only 7% of women who experience difficult access. The results of this study are supported by Tasi (2021), who stated that the variable of service accessibility ($p=0.035$) has a relationship with the behavior of using ANC services in



the working area of the Tarus Health Center (Tassi 2021) Supported by Hariani (2024) who stated that there is an accessibility relationship (p -value = 0.010) with the Integrated ANC at the North Lombok Regency Winner Health Center in 2024 (Hariani 2024) These stark differences underscore the importance of accessibility as a determining factor in reproductive health. Easy access allows women to more easily get information, schedule checkups, and get the care they need during pregnancy. Factors such as the proximity of healthcare facilities, the availability of transportation, and flexible hours of service can contribute to this ease of access. When women have good access, they are more likely to regularly utilize antenatal services, which can improve maternal and infant health.

On the other hand, women who face barriers to access, such as long distances, high transportation costs, or lack of transportation facilities, tend to have difficulty obtaining the necessary health services. This can lead to delays in essential care and potentially pose health risks to both mother and baby. These findings point to the need for interventions that focus on improving health service accessibility, especially in areas with inadequate infrastructure. For example, governments and health institutions can work together to improve transportation access to health facilities and ensure that these facilities are available in strategic locations that are easily accessible to the public. In addition, counseling programs that raise awareness about the importance of antenatal services and how to access them can also help. By addressing accessibility issues, it is hoped that more women will be able to take advantage of antenatal services, which can ultimately positively impact maternal and child health in the community. Overall, these results emphasize that the accessibility of health facilities is a critical factor in the utilization of antenatal services and provides essential insights for more effective health policy planning and implementation.

CONCLUSION

The conclusions of the analysis show that variables such as education level, employment status, husband support, and accessibility of health facilities significantly affect women's empowerment in antenatal care decision-making at the Rantau Prapat City Health Center. Although age did not show a significant association, higher levels of education and active employment status were positively associated with service utilization. The husband's support and accessibility of health facilities also proved very important, with a significant p -value. Health facility accessibility has the highest Odds Ratio (68,130), indicating that women with easy access are much more likely to avail of antenatal services. These findings support the need for multivariate analysis to dig deeper into the relationship between variables and provide insights for developing more effective health policies.

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