

ORIGINAL RESEARCH

Knowledge of Antenatal Care and ANC Visit Adherence Among Pregnant Women at Plumbon Health Center, Indonesia, 2024

Conocimientos sobre atención prenatal y adherencia a las visitas de atención prenatal entre mujeres embarazadas en el Centro de Salud de Plumbon, Indonesia, 2024

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Received: July 21, 2025.

Accepted: September 29, 2025.

Conflicts of interest: None.

DOI: <https://doi.org/10.71164/socialmedicine.v19i3.2026.2289>

Abstract

Context. Antenatal care (ANC) plays a crucial role in ensuring maternal and fetal health during pregnancy. Limited maternal knowledge about ANC often leads to irregular ANC visits, potentially increasing the risk of complications. **Objective.** This study aimed to analyze the relationship between pregnant women's knowledge about ANC and the regularity of ANC visits at Plumbon Health Center, Indramayu Regency. **Methods.** A cross-sectional analytic survey was conducted among 97 third-trimester pregnant women selected using convenience sampling. Data were collected using structured questionnaires and analyzed with the Chi-square test. **Results.** Most respondents had poor knowledge of ANC (67.0%) and irregular ANC visits (67.0%). Chi-square test results showed a significant association between knowledge and ANC visit regularity ($p = 0.030$; OR = 2.806; 95% CI = 1.188–6.629). No significant associations were found with age, education, or occupation. **Conclusion.** Maternal knowledge significantly influences the regularity of ANC visits. Strengthening health education at the community and primary care level is essential to improve maternal awareness and compliance with ANC standards.

Keywords: Knowledge of Pregnant Women, Antenatal Care (ANC), Regularity of ANC Visits

Resumen

Contexto. La atención clínica prenatal desempeña un papel fundamental para garantizar la salud materna y fetal durante el embarazo. El conocimiento limitado de las madres sobre la relevancia de la atención prenatal suele derivar en visitas irregulares, lo que puede aumentar el riesgo de complicaciones. **Objetivo.** Este estudio tuvo como objetivo analizar la relación entre los conocimientos de las mujeres embarazadas sobre la importancia de la atención prenatal y la regularidad de sus visitas de atención prenatal al Centro de Salud de Plumbon, en la municipalidad de Indramayu. **Métodos.** Se realizó un estudio transversal analítico con 97 mujeres embarazadas en su tercer trimestre, seleccionadas mediante un muestreo por conveniencia. Los datos se recopilaron mediante cuestionarios estructurados y se analizaron con la prueba chi-cuadrada. **Resultados.** La mayoría de las encuestadas tenía conocimientos deficientes sobre el papel de la atención prenatal (67.0 %) y realizaba visitas prenatales de forma irregular (67.0 %). Los resultados de la prueba chi-cuadrada mostraron una asociación significativa entre el nivel de conocimiento sobre los objetivos y la regularidad de sus visitas prenatales ($p = 0.030$; OR = 2.806; IC del 95 % = 1.188 – 6.629). No se encontraron asociaciones significativas con edad, educación u ocupación. **Conclusiones.** El conocimiento materno influye significativamente en la regularidad de sus visitas para atención prenatal. Fortalecer la educación para la salud a nivel comunitario y en relación a la atención primaria es fundamental para incrementar la concientización materna y el cumplimiento de las normas de atención prenatal.

Palabras clave: Conocimientos de las mujeres embarazadas, Atención prenatal (APN), Regularidad de las visitas para APN



Introduction

According to the World Health Organization (WHO), a maternal death occurred nearly every two minutes in 2020, with approximately 800 women dying daily from preventable causes related to pregnancy and childbirth. In Indonesia, data from the Maternal Perinatal Death Notification (MPDN) system indicated that total maternal deaths reached 4,005 in 2022 and increased to 4,129 in 2023 ^[24].

Longitudinal data from the Indonesian Demographic and Health Survey (SDKI) shows that the maternal mortality rate (MMR) declined from 390 per 100,000 live births in 1991 to 228 in 2007. However, results from the 2015 inter-censal population survey highlighted ongoing fluctuations: the MMR rose to 359 in 2012, decreased to 305 in 2015, and was recorded at 346 in 2018 ^[14]. While the rate fell to 228 in 2019 and 189 in 2020, this reduction has yet to reach the Sustainable Development Goals (SDGs) target of reducing the MMR to below 70 per 100,000 live births ^[25].

Maternal deaths are primarily attributed to pregnancy complications, including hemorrhage, hypertension, sepsis, and circulatory system disorders ^[30]. Furthermore, multivariate analysis conducted by Bayuana et al. ^[6] identifies pregnancy complications—such as anemia, infection, and hypertension—as critical factors significantly associated with maternal mortality.

Pregnancy and childbirth complications remain the leading causes of maternal mortality; however, these are largely preventable through regular prenatal checkups known as Antenatal Care (ANC). This service is provided by healthcare professionals as an early preventive measure to protect both the fetus and the pregnant woman. In Indonesia, ANC protocols have evolved according to WHO recommendations. While previous standards followed Focused Antenatal Care (FANC)—requiring a minimum of four visits—the current policy (K6) mandates a minimum of six visits during pregnancy ^[12].

The K6 standard refers to a pregnant woman's integrated and comprehensive contact with clinically competent healthcare professionals.

These visits are distributed across the trimesters as follows: two visits in the first trimester (0–12 weeks), one visit in the second trimester (>12–24 weeks), and three visits in the third trimester (>24 weeks until delivery). Crucially, this protocol requires at least two consultations with a physician: once in the first trimester and once in the third. Additional visits may be conducted as clinically indicated by complaints or complications.

According to the World Health Organization (WHO), the primary objectives of ANC are the early detection of high-risk pregnancies, the reduction of maternal mortality, and the continuous monitoring of fetal well-being [Musfufatun & Cempaka, 2019]. ANC encompasses a series of activities from conception until the onset of labor and is a vital service for all pregnant women ^[30]. Nevertheless, research by Apriani et al. ^[3] suggests that a lack of specialized maternal knowledge often results in visit frequencies that fail to meet these established standards, despite the documented benefits of regular care.

In 2022, the total number of antenatal care (ANC) visits among pregnant women in Indonesia reached 5,221,784, with K1 coverage at 93.3% and K4 coverage at 84.6%. While K4 service coverage showed a general upward trend from 2007 to 2022, a notable decline occurred in 2020 (falling from 88.54% to 84.6%), likely due to the impact of the COVID-19 pandemic on local healthcare programs ^[13].

At the regional level, the 2022 Indramayu Regency Health Profile reported that of 27,224 pregnant women, 25,176 (92.1%) accessed K1 services, 26,034 (95.3%) accessed K4, and 25,838 (94.6%) accessed K6 services. This data, distributed across community health centers (*Puskesmas*) and hospitals, suggests high overall contact with health services ^[8].

However, localized preliminary research indicates that high coverage does not necessarily equate to adherence to timing standards. A preliminary study conducted on May 3, 2024, at the *Puskesmas* involving 11 pregnant women in their second and third trimesters (aged 22–37 years) revealed significant gaps in care. Interviews showed that 7 of these women had not received any ANC during

their first trimester, despite government mandates. Additionally, 3 participants reported that they only sought repeat visits when experiencing active symptoms or complications. These preliminary findings highlight a critical disconnect between national standards and local practice, necessitating a deeper investigation into the factors influencing ANC regularity in this population.

Materials and Methods

Study design and setting

Based on the data processing, this research is classified as quantitative. This research is an analytical survey using a cross-sectional approach. The study was conducted with the independent variable (pregnant women's knowledge about antenatal care/ANC) and the dependent variable (regularity of antenatal care (ANC) visits) observed simultaneously.

Participants

The inclusion criteria for this study were pregnant women in their third trimester who attended antenatal care (ANC) visits at the Plumbon Community Health Center, Indramayu Regency. A total of 107 eligible pregnant women were identified, of whom 97 consented to participate in the study.

Statistical analysis

The data obtained were then analyzed using a statistical computer program in the following order:

Univariate Analysis

Univariate analysis was used to describe the characteristics of each variable studied, namely the independent and dependent variables. Univariate analysis of categorical data (competence, level of implementation of community health programs, gender, education, and training) was performed using percentage or proportion measures. Meanwhile, analysis of numeric data (age and length of service) examined the mean, median, standard deviation, and minimum-maximum values ^[9].

Bivariate Analysis

Bivariate analysis was used to examine the relationship between the independent variables (education level, length of service, motivation) and the dependent variable (community health coordinator performance). The chi-square test was used with a 95% confidence interval or a significance level of 0.05 ^[9].

Results

Based on Table 1, among the 97 respondents, most were aged 20–35 years (89; 91.7%), had a high school to university level of education (71; 73.2%), and were unemployed (65; 67.1%). The majority had poor knowledge of antenatal care (65; 67.0%), and most reported irregular ANC visits (65; 67.0%).

Table 1
Frequency Distribution of Pregnant Women's Characteristics
Based on Knowledge, Age, Education, Occupation, and Regularity of Visits

Variable	Frequency	
	N	%
Knowledge		
Good	32	32.9
Not good	65	67.01
Total	97	100
Age		
20-35 years	89	91.7
<20 and >35 years	8	8.3
total	97	100
Education		
High School or College	71	73.2
No School, Elementary & Middle School	26	26.8
total	97	100
Job		
Working	31	31.9
Not working	66	67.01
Total	97	100
Regularity of Visits		
Regular	32	32.9
Not Regular	65	67.01
Total	97	100

Table 2
The Relationship Between Knowledge and Regularity of Antenatal Care (ANC) Visits
Pregnant Women at the Plumbon Community Health Center, Indramayu Regency, 2024

Variable	Regularity				Total		p value OR (95% CI)
	Regular		Non regular				
	N	%	N	%	N	%	
Knowledge							0.030
Good	18	56.3	14	43.7	32	100	2.806
Poor	14	21.5	51	78.5	65	100	(1.88-6.629)
Age							1,190
20-35 years	21	23.5	68	76.5	89	100	1,000
<20 and >35 years	2	25.0	6	75.0	8	100	(0.294-4.811)
Education							1,084
High	18	25.4	53	74.6	71	100	1,000
Low	8	29.2	18	70.8	26	100	(0.399-2.943)
Occupation							1.801
Employed	12	38.7	19	61.3	31	100	0.251
Unemployed	25	37.8	41	62.2	66	100	(0.771-4.210)

Bivariate Results

Bivariate analysis was conducted to determine the relationship between age, education, occupation, knowledge, and the regularity of antenatal care (ANC) visits among pregnant women at the Plumbon Community Health Center in Indramayu Regency in 2024. The chi-square statistical test showed a significance value of <0.05.

Table 2 shows that of the 65 respondents with insufficient knowledge, 51 (78.5%) reported irregular antenatal care (ANC) visits. The chi-square test yielded a *p* value of 0.030 ($p < 0.05$), indicating a statistically significant relationship between maternal knowledge and the regularity of ANC visits at the Plumbon Community Health Center in Indramayu Regency in 2024. These results suggest that pregnant women with insufficient knowledge are 2.806 times more likely to have irregular ANC visit patterns compared to those with good knowledge.

In contrast, other demographic variables did not show a significant correlation with health behavior. While the majority of respondents aged 20–35 years (76.5%) reported irregular ANC visits, the result yielded a *p* value > 0.05, indicating no

significant relationship between maternal age and ANC regularity. Similarly, although 53 respondents (74.6%) with a high school or university education reported irregular visits, the *p* value > 0.05 confirms that maternal education level was not a significant factor. Finally, among respondents who were unemployed, 41 (62.2%) had irregular visit patterns; however, with a *p* value > 0.05, there is no significant relationship between maternal occupation and the regularity of ANC visits.

Discussion

Characteristics of Knowledge, Age, Education, Occupation, and Regularity of Antenatal Care (ANC) Visits among Pregnant Women at the Plumbon Community Health Center, Indramayu Regency, 2024.

According to Notoatmodjo's (2012) theory, knowledge is the result of "knowing," a process that occurs after an individual perceives an object through the five human senses: hearing, sight, smell, taste, and touch. Notoatmodjo (2012) further explains that the level of knowledge encompasses six cognitive domains: knowing, understanding, application, analysis, synthesis, and evaluation. This is complemented by Wawan and Dewi's

(2010) framework, which identifies internal factors (education level, occupation, and age) and external factors (environmental and sociocultural influences) as primary drivers of an individual's knowledge. Furthermore, Soekanto (2015) defines knowledge as a mental impression formed through the senses, distinguishing it clearly from beliefs, superstitions, or misinformation.

Based on the results of this study involving 97 pregnant women, the majority of respondents (67%) demonstrated inadequate knowledge regarding pregnancy health. Within this group, 51 respondents (78.5%) did not attend regular antenatal care (ANC) visits, while only 14 respondents (21.5%) maintained a regular schedule. Conversely, among the 32.9% of respondents with good knowledge about ANC, behavior shifted significantly: 18 respondents (56.3%) attended visits regularly, compared to 14 (43.7%) who did not.

, who found a direct correlation: the lower a pregnant woman's knowledge of ANC, the fewer visits she conducted. Conversely, higher knowledge levels are associated with better performance and adherence to ANC schedules. Maria et al. (2019) The researchers concluded that the irregular visit patterns were primarily due to a lack of knowledge regarding the minimum standards for antenatal care (ANC). This aligns with observations by

According to the framework established by Kondamaru et al. [15], knowledge significantly influences regularity because it serves as a primary indicator of a person's willingness to take action. Knowledge acts as a catalyst for motivation; mothers with a high level of health literacy view ANC visits not merely as a formal obligation, but as a clinical necessity for a healthy pregnancy.

Regarding demographic factors, the study found that 89 respondents (91.7%) were aged between 20 and 35 years. However, within this group, the majority (68 respondents, or 76.5%) did not attend ANC regularly. This indicates that maternal age has no significant relationship with regularity in this context. These findings are consistent with Adriani [1], who also reported no significant

relationship between maternal age and ANC visits at BPM Lismarini (p -value = 1.000).

Similarly, education levels did not serve as a predictor for regularity. While the majority of the sample (71 respondents, or 73.2%) had a high school or college education, only 18 (25.4%) of them attended ANC regularly. Therefore, higher maternal education was not significantly associated with regular ANC visits. This is consistent with research by Humairoh [10], which demonstrated no association between age, occupation, education, parity, or pregnancy spacing and the regularity of ANC visits among pregnant women at the Satria Namira Husada Clinic 49, Buduran, Sidoarjo.

Regarding the occupational characteristics of the 97 respondents, 66 (67.01%) were unemployed, and of these, 41 (62.2%) did not regularly attend antenatal care (ANC) visits. Bivariate analysis showed no significant association between occupational characteristics and the regularity of ANC visits. This is in line with research conducted by Humairoh et al. [10], whose study found no relationship between age, occupation, education, parity, and pregnancy spacing with the regularity of ANC visits among pregnant women at the Satria Namira Husada Clinic 49, Buduran, Sidoarjo. Likewise, these results align with research by Sari et al. [23], which reported that the relationship between occupation and ANC regularity yielded a non-significant p -value of 0.826.

Beyond demographic factors, the psychological state of healthcare providers also impacts service delivery. Specifically, the higher the motivation, the better the nurse's performance. This finding is in line with the opinion of Gibson et al. [5], who explained that unsatisfactory personnel performance is often due to low motivation. A significant relationship between self-motivation and the performance of nurses and nurse care coordinators has also been reported previously.

In the context of organizational behavior, motivation represents a strong will to strive to a higher or better level to achieve organizational goals without ignoring the ability to obtain satisfaction in fulfilling personal needs²⁸. Nevertheless, several research studies have shown an absence of a significant relationship between

motivation and nursing care performance, as well as the performance of Tuberculosis program management officers^{29, 30}. Motivation is closely related to goals; the motivational process is usually directed toward achieving specific objectives while simultaneously meeting the needs of the organization. In an organizational environment, goals can be positive—such as praise, appreciation, wage increases, and promotions—or negative, such as a lack of promotion opportunities or formal warnings. The process of generating motivation combines the concepts of need, encouragement, goals, and rewards. If an individual carries out their responsibilities well, they gain satisfaction from the results achieved and the challenges faced during the implementation process. Such satisfaction can be fostered through strategic promotion and reward systems, whether in physical or psychological forms²¹.

Overall, the findings of this study indicate that higher education levels, longer work periods, and increased motivation among nurse care coordinators directly correlate with superior professional performance, and vice versa. While these three factors emerged as the dominant independent variables influencing the performance of nurse care coordinators—as evidenced by the determinant coefficients—it is important to acknowledge other contributing variables. These may include work satisfaction, organizational commitment, leadership styles, and workplace discipline³¹. Furthermore, to the best of our knowledge, this study represents the first report to document the simultaneous influence of education level, work period, and motivation on the performance of nurse care coordinators, thereby highlighting a significant novelty of this research.

The Relationship Between Knowledge of Antenatal Care (ANC) and the Regularity of Antenatal Care (ANC) Visits of Pregnant Women at the Plumbon Community Health Center, Indramayu Regency, 2024.

Based on the results of the study involving 97 pregnant women, the majority of respondents (67.01%, or 65 individuals) demonstrated poor knowledge regarding pregnancy health. From this data, the researchers inferred that lower levels of maternal knowledge significantly increase the

likelihood of irregular antenatal care (ANC) visits. The bivariate analysis yielded a p -value of 0.030 ($p < 0.05$), confirming a statistically significant relationship between knowledge of ANC and the regularity of visits at the Plumbon Community Health Center in 2024.

These findings are consistent with the work of Veni and Widiyanti [28], who reported a p -value of 0.00 ($p < 0.01$), indicating a robust relationship between knowledge levels and clinic attendance in the Pelambuan Community Health Center area. Similarly, this study aligns with research conducted by Anggraeni and Widayati [2], which found a significant relationship ($p = 0.034$; $p < 0.05$) between maternal knowledge and ANC regularity. Knowledge serves as a fundamental indicator for health-seeking behavior; as the level of maternal knowledge increases, the frequency and regularity of ANC visits are expected to rise accordingly.

Dominant Factors Influencing the Regularity of Antenatal Care (ANC) Visits among Pregnant Women at the Plumbon Community Health Center, Indramayu Regency

Synthesizing the data presented above, maternal knowledge emerges as the most influential factor driving the regularity of antenatal care (ANC) visits. This finding aligns with the framework established by Reni Fitria [20], which suggests that the completeness of ANC visits is significantly influenced by a triad of factors: the level of clinical knowledge, maternal attitude, and the level of spousal support. Consequently, it is imperative for both pregnant women and their partners to foster an awareness of the critical need for comprehensive ANC visits to obtain vital information regarding fetal development and maternal well-being.

Knowledge fundamentally dictates behavioral regularity because it serves as a primary indicator of an individual's readiness to take action. In this context, specialized knowledge acts as a catalyst for motivation; for mothers with high health literacy, ANC visits are no longer viewed as a mere administrative obligation, but rather as an essential clinical necessity for the safety of their pregnancy.

Conclusion

Based on the research results and discussion regarding the relationship between knowledge about antenatal care (ANC) and the regularity of antenatal care (ANC) visits at the Plumbon Community Health Center, Indramayu Regency in 2024, the following conclusions can be drawn: The frequency distribution of characteristics shows that almost all mothers have insufficient knowledge, most are aged 20–35 years, most have a higher education, almost all are unemployed, and almost all mothers do not regularly attend antenatal care (ANC) visits at the Plumbon Community Health Center, Indramayu Regency in 2024.

There is a relationship between knowledge about antenatal care (ANC) and the regularity of antenatal care (ANC) visits among pregnant women at the Plumbon Community Health Center, Indramayu Regency in 2024E.

References

1. Adriani. Hubungan usia dan gravida terhadap kunjungan ANC. *J Kesehatan dan Pembangunan*. 2023;13(26):1-10. doi:10.52047/jkp.v13i26.254
2. Anggraeni S, I W, Widayati W. Hubungan pengetahuan ibu hamil dengan keteraturan kunjungan antenatal care. *J Ilmiah Kesehatan*. 2022;11(2):107-11. doi:10.52657/jik.v11i2.1761
3. Apriani A, Daryanti MS, Karanganyar K. Studi kualitatif: kebutuhan ibu hamil dengan diabetes melitus gestasional di Kabupaten. *J Kesehatan Kusuma Husada*. 2021;(Oct):17-26.
4. Arisanti AZ, Susilowati E, Husniyah I. Hubungan pengetahuan dan sikap tentang antenatal care (ANC) dengan kunjungan ANC. *Faletehan Health J*. 2024;11(1):90-6.
5. Aryaneta Y, Mariyana, Isramilda. Pendampingan kelas ibu hamil dalam memberikan motivasi ANC berkualitas, upaya peningkatan kesehatan ibu dan janin. *J Pendekar Nusantara*. 2024;1(2):35-41. doi:10.37776/pend.v1i2.1326
6. Bayuana A, Anjani AD, Nurul DL, Selawati S, Sai'dah N, Susianti R, et al. Komplikasi pada kehamilan, persalinan, nifas dan bayi baru lahir: literature review. *J Wacana Kesehatan*. 2023;8(1):26. doi:10.52822/jwk.v8i1.517
7. Budiman, Riyanto. Kapita selekta kuesioner pengetahuan dan sikap dalam penelitian kesehatan. Jakarta: Salemba Medika; 2018.
8. Dinas Kesehatan Kabupaten Indramayu. Profil kesehatan Kabupaten Indramayu. Indramayu: Dinkes Indramayu; 2023.
9. Hastono. Analisis data pada bidang kesehatan. Jakarta: PT Rajagrafindo Persada; 2016. Available from: http://perpustakaan.bppsdmk.kemkes.go.id//index.php?p=show_detail&id=4546
10. Humairoh MN, Kusumawardani PA, Rosyidah R. Factors associated with ANC regularity. *J Kebidanan Midwiferia*. 2021;7(2):77-84. doi:10.21070/midwiferia.v7i2.1632
11. Inayah N, Fitriahadi E. Hubungan pendidikan, pekerjaan dan dukungan suami terhadap keteraturan kunjungan ANC pada ibu hamil trimester III. *J Health Stud*. 2019;3(1):64-70. doi:10.31101/jhes.842
12. Kementerian Kesehatan RI. Pedoman pelayanan antenatal, persalinan, nifas, dan bayi baru lahir di era adaptasi kebiasaan baru. 2nd ed. Jakarta: Kemenkes RI; 2020.
13. Kementerian Kesehatan RI. Profil kesehatan Indonesia. Jakarta: Kemenkes RI; 2023.
14. Kementerian Kesehatan RI. Utamakan keselamatan ibu. Jakarta: Rokom; 2024 [Internet]. Available from: <https://sehatnegeriku.kemkes.go.id/baca/blog/2024/0125/3444846/utamakan-keselamatan-ibu>
15. Kondamaru K, Agustian D, Ibrahim F, Puspita A, Jl A, No B, et al. Hubungan pengetahuan dan sikap ibu hamil dengan kunjungan antenatal care (ANC) di wilayah kerja Puskesmas Bapinang. *STIKes Eka Harap Indonesia*. 2024;2(2).
16. Murtiasih M. Tentang antenatal care dengan kunjungan K4 pada masa pandemi Covid-19 wilayah. *J Kesehatan Medika Udayana*. 2024;10(1):80-95.
17. Niken Julita S, Widiyanti D, Yuniarti. Kepatuhan dalam melakukan pemeriksaan antenatal care di masa pandemi Covid-19 di wilayah kerja Puskesmas Sidomulyo. *Busurek*. 2021;21-32.
18. Notoatmodjo S. Promosi kesehatan dan ilmu perilaku. Jakarta: Rineka Cipta; 2018.
19. Notoatmodjo S. 978-602-202-467-5. Jakarta: Rineka Cipta; 2018.
20. Reni Fitria AN. Faktor-faktor yang berhubungan dengan perilaku ibu terhadap kelengkapan kunjungan antenatal care (ANC) di masa pandemi Covid-19. *J Ilmu Kesehatan Dharma Indonesia*. 2021;1(2):38-43. Available from: <http://ejournal.undhari.ac.id/index.php/jikdi>
21. Salsabila ALU. Hubungan pengetahuan ibu hamil tentang buku KIA (Kesehatan Ibu dan Anak) dengan kunjungan K6 pada ibu hamil. *J Ilmiah Kebidanan*. 2024;12(2):149-56. doi:10.33992/jik.v12i2.3292

22. Sari AP, Fruitasari F. Faktor resiko yang mempengaruhi kunjungan antenatal care pada ibu hamil. *J Sains Kesehatan*. 2022;28(2):52-9. doi:10.37638/jsk.28.2.52-59
23. Sari DI, Wahyuni N, Sucipto CD. Hubungan pengetahuan, paritas, pekerjaan ibu dengan keteraturan kunjungan ibu hamil untuk ANC selama masa pandemi Covid-19. *J Kesehatan Primer*. 2021;6(1):22-31. Available from: <http://jurnal.poltekkeskupang.ac.id/index.php/jkp/article/view/530>
24. Schoolmedia. Angka kematian ibu hamil di Indonesia tahun 2023 mencapai 4129 perempuan. *Schoolmedia News*. 2024 [Internet]. Available from: <https://news.schoolmedia.id/regional/Angka-Kematian-Ibu-Hamil-di-Indonesia-Tahun-2023-Mencapai-4129-Perempuan-3117>
25. SDGs. Indikator kesehatan SDGs Indonesia. 2017.
26. Sugiyono. Metode penelitian kuantitatif, kualitatif, dan R&D. Bandung: Alfabeta; 2017.
27. Tamaka C. Hubungan pengetahuan ibu hamil dengan keteraturan pemeriksaan antenatal care di Puskesmas Bahu Kecamatan Malalayang Kota Manado. *EJurnal Keperawatan*. 2013;1(1):1-6. Available from: <http://ejournal.unsrat.ac.id/index.php/jkp/article/download/2168/1726>
28. Veni L, Widiarti. Pengetahuan ibu hamil tentang antenatal care di wilayah kerja Puskesmas Pelambuan Kota Banjarmasin. *Pengetahuan Ibu Hamil*. 2022;5(1):255-67. Available from: <http://callforpaper.unw.ac.id/index.php/semnasdanefpbidanunw/article/view/82/67>
29. Wiratmo PA, Lisnadiyanti, Sopianah N. Faktor-faktor yang mempengaruhi kunjungan antenatal care terhadap perilaku antenatal care. *CoMPHI J*. 2020;1(2):67-76. doi:10.37148/comphijournal.v1i2.14
30. Yulianingsih N. Konsep dasar keperawatan maternitas. Jakarta: Trans Info Media; 2023.
31. Yulianingsih N. Asuhan keperawatan maternitas: dilengkapi latihan soal-soal uji kompetensi. Jakarta: Trans Info Media; 2024.
32. Zed M. Metode penelitian kepustakaan. Cetakan ke. Jakarta: Yayasan Obor Indonesia; 2004.



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ISSN: 1557-7112