


An analysis of the role health personnel, health facilities and family support in increasing pregnant women's interest in antenatal care visits at Kuta Alam health centre

Winda Tri Mutia¹, Ermi Girsang², Sri Lestari Ramadhani Nasution³
^{1,2,3}Universitas Prima Indonesia, Medan, North Sumatera, Indonesia

Article Info	ABSTRACT
Keywords: Role of health, Family Support, Health Facilities	Antenatal Care is one of the pillars supporting safe motherhood in efforts to reduce maternal and fetal morbidity and mortality. WHO estimates that 500,000 pregnant women die from pregnancy-related complications. There are factors that can influence Antenatal Care visits, including the role of health workers and family support. This study aims to analyze the role of health workers and family support in increasing pregnant women's interest in antenatal care visits at the Kuta Alam Community Health Center. This type of research is quantitative analysis using a cross sectional design. The population in this study is mothers who have given birth and had babies during the period September 2020-September 2023, totaling 250 respondents. The results obtained were significant ($p=0.002$) and there was a relationship between Health Facilities and Antenatal Care visits. The results obtained were significant ($p=0.001$) and the variables that had an influence in increasing pregnant women's interest in ANC visits at the Kuta Alam Community Health Center were the Health Facilities variable with p value 0.001, OR = 9.333 (95% CI = 3.085) meaning that respondents who stated health facilities had 9.333 times the odds compared to respondents who stated health workers were provided with a B coefficient value of 2.413.
This is an open access article under the CC BY-NC license 	Corresponding Author: Winda Tri Mutia Universitas Prima Indonesia, Medan, North Sumatera, Indonesia windatri@gmail.com

INTRODUCTION

Reducing the maternal mortality rate is one of the eight goals formulated in the international commitment of the Millennium Development Goals (MDGs) for the long-term development of Indonesia's health from 2017 to 2025, which aims to improve the level of public health through increasing access to health services which includes, increasing Life Expectancy (UHH) from 69 years in 20015 to 73.7 years in 2025, decreasing the Infant Mortality Rate (IMR) from 32.3 in 2005 to 15.5 in 2025. To make this a success, the Indonesian government implemented health service activities such as antenatal care which helps improve the quality of health for pregnant women (Erlina, 2018).

The antenatal care program or care is a platform created to control the mother's condition as early as possible during pregnancy, and also helps increase the mother's

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readiness in facing the birth process so that the mother remains calm and only focuses on the birth of the baby. The role of nurses as health workers is very important in providing guidance which should be taught when pregnant women have consultations or antenatal visits. Pregnant women's irregularity in carrying out examinations will result in unknown abnormalities or complications that could occur and uncontrolled growth and development of the fetus in the womb. The fact that antenatal visits are often ignored by pregnant women can result in death (Erlina, 2018).

WHO estimates that more than 500,000 pregnant women die from pregnancy-related complications. According to the Indonesian Health Demographic Survey (SDKI), the maternal mortality rate in 2017 was 228 per 100,000 live births, in the book Purwaningsih (2018) this figure increased to 390 per 100,000 live births, then in 2012 it became 359 per 100,000 live births, but this figure is still high in ASEAN. In the North Sulawesi Province region in 2018, the maternal mortality rate during childbirth was 69 per 100,000 live births, while the infant mortality rate was 281 per 100,000 live births (Sambeka J, 2019). From this incidence rate, routine antenatal care checks were carried out at least four times during pregnancy is a very important factor that all pregnant women should know.

Various factors trigger maternal inactivity in antenatal check-ups, for example the inadequate role of health workers and lack of family support. Good encouragement will help mothers understand more about the importance of antenatal care. Antenatal care is one of the early prevention efforts for pregnancy risk factors that can occur. According to the world health organization WHO, Antenatal Care to detect early high-risk pregnancy and childbirth can also reduce maternal mortality and monitor the condition of the fetus. Normally, every pregnant woman wants to have her pregnancy checked, with the aim of detecting abnormalities that may exist or will arise during pregnancy and can be treated immediately before they have an adverse effect on the pregnancy (Damopolii, 2017).

Family support, especially the role of husbands and good service from health workers, can be a motivation for pregnant women to use Antenatal Care, considering that this examination aims to ensure that pregnant women have a healthy birth. This is in line with the theory explained by Lawrence Green "that 3 factors influence the use of health services, namely predisposing factors, enabling factors, reinforcing factors" (Rauf et al, 2017). The staff's attitude and family support are among the strengthening factors that can motivate pregnant women to undergo pregnancy checks.

The results of initial interviews obtained from mothers in the research area, 6 out of 10 said that pregnancy is a normal thing that will be experienced by all women and the process will end after delivery, this is why mothers rarely visit Antenatal Care during pregnancy unless it is accompanied by with complaints.

Literature Review

Antenatal Care

Antenatal care is a preventive care health facility developed with the aim of preventing and reducing complications for pregnant women. Women who feel they are pregnant must have optimal health, this is very important to increase the physical and

mental readiness of pregnant women during pregnancy until the birth process Fatmawati (2019). WHO defines Antenatal Care as care specifically for pregnant women so that as early as possible they can detect if there is a risk that could threaten the fetus and pregnant mother, this care can reduce maternal and fetal mortality rates (Ringo, 2019). Visits made by pregnant women should be carried out by trained health workers, both midwives and obstetricians, so that it can be ensured that the examination is carried out by professional health workers and the care provided can be well understood by the pregnant woman, in this case the midwife will approach the mother. pregnant women to provide care or important information that pregnant women should know (Padila, 2018).

In Padila's latest book (2018), Antenatal Care is supervision carried out by health workers aimed at maintaining the growth and development of the fetus. Apart from that, this examination is a means of optimizing the health of pregnant women so that they are healthy during pregnancy until the birthing process. Various efforts have been made, for example health education conducted to attract pregnant women to have their pregnancies checked up to interventions by identifying pregnancy risks and ending with referrals if special treatment is needed.

In Marmi's book (2019) "MNH (Maternal Neonatal Health) explains that antenatal care or what is known as Antenatal Care is a routine procedure carried out by officers (doctors/midwives/nurses) in building relationships in the service process for pregnant women to prepare pregnancy. By providing good antenatal care, it will become one of the pillars of safe motherhood in efforts to reduce maternal and perinatal morbidity and mortality rates." Antenatal care was developed to maintain the safety of the mother and fetus. This really helps pregnant women to detect as early as possible complications that can disrupt pregnancy. Antenatal care is important to ensure that natural processes continue to run normally during pregnancy. According to Marmi (2019), the goals of Antenatal Care are divided into 2, namely general goals and special goals. The general objectives of Antenatal Care are, monitoring the progress of the pregnancy to ensure the health of the mother and the growth and development of the fetus, improving and maintaining the physical, maternal and social health of the mother and baby, preparing the role of the mother and family in accepting the birth of the baby so that it can grow and develop normally, promoting and maintaining the physical and mental health of mothers and babies with education, nutrition, personal hygiene and the baby's birth process, detecting and managing medical, surgical or obstetric complications during pregnancy, developing preparation for childbirth and preparation for complications, helping prepare mothers to breastfeed successfully, carrying out postpartum normal and care for children physically, psychologically and socially.

The specific aim of Antenatal Care is to recognize and treat as early as possible the complications that occur during pregnancy, childbirth and postpartum, recognize and treat diseases that accompany pregnancy, and reduce maternal and childbirth morbidity and mortality. Antenatal plays an important role in every development that occurs during the

pregnancy of the mother and fetus. Normally, every pregnancy worker is required to know the purpose of Antenatal Care in order to provide the maximum possible service.

The Antenatal Care service method is divided into several stages, the first is that at the initial visit the health worker should record the identity of the pregnant woman, the condition of the current pregnancy, history of pregnancy up to the last delivery, contraceptives before pregnancy, carry out diagnostic physical examinations, laboratory and obstetric examinations, then provide tetanus toxoid (TT) immunization, and provide understanding by means of counseling or counseling about the importance of balanced nutrition for pregnant women, additional food for or pregnant women and provide routine medication such as Fe tablets, calcium, multivitamins and other minerals.

The ANC visit schedule is normally carried out at least four times during the antenatal period. One visit in the first trimester/K1 (< 14 weeks) which is the first meeting between the pregnant mother and the health worker, for this reason the officer must build a relationship of mutual trust with the pregnant woman. The information that must be provided is explaining the importance of nutrition during pregnancy for pregnant women and fetal growth, the importance of adequate rest, and daily maternal hygiene. During this visit, detection of any abnormalities that might interfere with pregnancy needs to be carried out by health workers.

The second visit is one visit during the second trimester/K2 (between weeks 14-28), at this examination the information given is the same as at the initial examination then added with special attention regarding the incidence of pre-eclampsia (ask the mother about the symptoms of pre-eclampsia). eclampsia, monitor blood pressure, evaluate for edema, and check for multiple pregnancies).

Lastly, pregnant women must visit at least twice during the third trimester K3 and K4 (between weeks 28-36 and after week 36). This visit is supplemented with an abdominal palpation examination to find out whether there is a multiple pregnancy and after the 36th week a follow-up examination such as an abnormal position of the baby or a condition that requires delivery to be referred and carried out at the hospital (Marmi, 2020).

The Role of Health Workers in Antenatal Care Visits

The skills possessed by Health Workers are very important, that is why the role given by Health Workers in each region is a factor that can guarantee the success of health services (Rauf, 2019). In Padila's book (2019) there are 7 roles of officers in maternity nursing care, namely as health implementers (caregivers), health workers must care about health problems experienced by the community, especially pregnant women, health workers on duty must be more active in providing a better understanding. increase maternal knowledge in utilizing Antenatal services. The point is that all pregnant women need special attention so that their pregnancy period can run normally until delivery.

The second is that as educators, normally health workers must be educators who can direct pregnant women to act appropriately (not endangering themselves and the fetus), and health workers must be able to provide health education that can motivate mothers to

remain positive in facing every problem. These changes during pregnancy can help the mother to protect her fetus.

Thirdly, health workers as communicators have an important role in increasing the public's willingness to check themselves, in this case pregnant women. In Fatmawati's book (2020), the Antenatal Program is a prevention program created to increase the level of safety for mothers and babies, meaning that the more staff who help provide care and assist in the birthing process will reduce the bad things that will happen to pregnant women, from pregnancy complications to the worst. maternal and fetal death.

The fourth role of health workers is as an advisor, this is important for every health worker to know because this role will greatly influence the mother's attitude to remain diligent in checking her pregnancy because this role is often interpreted as the attention given by health workers to pregnant women, almost all Pregnant women are more open to talking about their pregnancy if they consult with health workers for that role counselor must be a good listener to pregnant women and be able to provide input that can motivate mothers.

The fifth role of health workers is as researchers, health workers must be active in carrying out their duties, meaning that if pregnant women have insufficient antenatal visits, the existing staff must look for alternatives by visiting mothers and providing information about the importance of receiving antenatal care during pregnancy.

The sixth role is as a defender (advocate) in the sense that health workers must be able to maintain security by knowing pregnant women's allergies and preventing incidents that could endanger the mother and fetus. Officers must be able to protect the rights of patients as human beings, for example by refusing actions that are contrary to procedures. applicable health.

Lastly, the role as manager of the officer must coordinate other officers to help provide care to pregnant women, for example the division of duties for each nurse, if the nurse carries out examinations on the first group of pregnant women then the other nurses can explain the importance of good nutrition to the other mothers.

According to Marmi (2020) all pregnant women need information about antenatal care, for example information about proper nutrition for maternal health and fetal growth to experiences that can help mothers to care for themselves properly, this is because health workers are not always available. accompany pregnant women. Health workers must have a big responsibility for the quality of care they provide, must prioritize the safety of the mother and fetus and respect the rights of patients. In an effort to increase the motivation of pregnant women to carry out regular antenatal visits, the role of health workers (midwives, nurses, doctors) as implementers in providing services must start from the appearance, attitude and professionalism, because pregnant women will return to have their pregnancy checked at the same place if he felt appreciated and cared for well (Erlina, et al).

In essence, good antenatal care provided will be one of the factors that helps make safe motherhood a success in an effort to reduce maternal and fetal morbidity and

mortality. Health workers must promote and maintain the physical and mental health of mothers by providing education regarding nutrition, personal hygiene and the birth process also helps detect and manage medical complications during pregnancy. In this case, health workers must convince pregnant women that pregnancy checks and the benefits of being accompanied by an expert can help smooth the pregnancy until delivery.

Trust is an important thing that must be had by pregnant women, families and health workers, meaning that if these three elements have positive feedback, it will have a positive impact on success, starting from examinations which normally must be given by health workers to the selection of birth attendants (Werdani , 2015). Good care and approach will help the mother determine who she will entrust to help with her birth and health workers must respect the mother's rights and obligations to choose who she will entrust with birth assistance later (Marmi, 2014).

Family Support With Antenatal Care Visits

Family are the closest people who make us comfortable when accompanied by them. According to Suryani (2018) a family is a combination consisting of father, mother and children. A family is a small group that is interdependent with one another. During pregnancy, pregnant women will experience physical and psychological changes, so the role of the family is needed in supporting the behavior of pregnant women so that they remain in positive thinking to maintain pregnancy. The support provided by the family is very beneficial because a person will feel that he is cared for and loved by other people. This motivates pregnant women to be more active in utilizing antenatal services if they feel they have good support from the people closest to them (Prasetyawati, 2020).

The family support needed is not only moral support but the most important thing is attention. The husband is the person closest to the pregnant mother, so the husband's role is proven to be the main factor that increases the willingness of pregnant women to make antenatal visits and maintain their pregnancy. When his wife is pregnant, the husband has a duty to pay more attention so that the wife can be more open to discussing the disorders she may experience during pregnancy. Husband's attention must be carried out from the beginning of pregnancy, husband must to accompany their partner because this will help pregnant women to stay positive and overcome the changes that occur during pregnancy. A family that is peaceful and loves each other is one of the supporting factors that can make pregnant women feel comfortable, especially if the pregnant mother knows that there is positive motivation for support that is given specifically to her so that she is ready to become a mother. Family support can come from parents, in-laws, siblings and relatives, they are the closest people who should know about the mother's condition, for example the mother needs assistance to maintain her pregnancy, such as supervising the mother when she is at home by avoiding objects that can harm the mother, helping the mother if she experiences difficulties when carrying out activities such as going to the bathroom, not allowing the mother to travel alone and accompanying her during pregnancy checks so that the mother's safety is controlled not only by health officials but also her own family.

A friendly and loving family environment can make mothers feel safe and comfortable. Pregnant women are very sensitive so the slightest thing that disturbs their mind will make them discouraged and not interact with other people. For this reason, it is important for the family to take care of the mother's feelings and most importantly to provide advice so that the mother remains calm and not anxious about her birth. Sincere prayers and blessings from the family will really help pregnant women in maintaining their pregnancy and preparing for the birth of their baby. The most important thing is that families are able to remind pregnant women of their visit schedule to health workers and remind them to continue consuming vitamins and balanced nutrition.

Types of family support are divided into four; instrumental support. Instrumental family support means a family that functions to fulfill daily needs starting from preparing medicines, necessary food, helping with physical activities according to ability and also other needs. The second is informative support, normally the family will provide a person with a feeling of sympathy and empathy, useful input and motivation to deal with the problems they may be experiencing, this will help a person feel more comfortable and not pessimistic about their life goals. Third, assessment support, positive assessment is very necessary because someone will assume.

METHOD

This type of research is quantitative analysis using a cross sectional approach, which means the research was carried out at the same time between the independent variable and the dependent variable and there was no further intervention. This research is to analyze the significant relationship between the role of health workers and family support for antenatal care visits at the Kuta Alam Community Health Center. The research location was carried out at the Kuta Alam Community Health Center. The research will be carried out in November – December 2023. In this study, the population used was 250 mothers who had given birth and had babies during the period September 2020-September 2023. Sample selection was carried out using non-probability sampling, which means each population does not have the same opportunities or opportunities to was chosen as a sample and the technique used was purposive sampling or the sample was taken based on certain considerations, meaning that the sample selection was not carried out randomly but was considered by the researcher (Riyanto, 2011). The sample is mothers who have given birth and had babies during the period September 2020 - September 2023, totaling 250 person. The data analysis used is:

a. Univariate Analysis

Used to see the distribution based on observations of the variables or factors being studied such as maternal age, education, occupation, health history, type of health service, completeness of MCH books, frequency of first trimester (T1), second trimester (T2) Antenatal visits, and trimester visits. third (T3/T4). The resulting data is presented in tabular form.

b. Bivariate Analysis

To see the relationship between the independent variables the role of health workers and family support with Antenatal Care visits as the dependent variable which was studied simultaneously with the chi-square statistical test and added up with the help of computerization with a significance level of 95% $\alpha=0.05$. So it can be concluded that the value of $\alpha \leq (0.05)$ then H_a is rejected, meaning that the two variables do not have a meaningful relationship or distribution and if the value of $\alpha > (0.05)$ then H_a is accepted, meaning there is a significant relationship between the two variables.

c. Multivariate Analysis

Using logistic regression analysis because scale measurements on the ordinal dependent variable and the independent variable are 27 nominal and distribution are not necessarily normal. Using questionnaire data, variables that have statistical significance criteria are entered into a multivariate logistic regression analysis using the Enter method to obtain factors that have a significant influence and the estimated values of the parameters can be calculated.

RESULT AND DISCUSSION

Demographic Data Results

Table 1. Characteristics of Respondents by Age at Kuta Alam Community Health Center

Characteristics	Mean	Std. Deviation	Min	Max	95% CI
Age (years)	25.03	4,704	17	35	23.84-26.23

The results from table 1 show that the characteristics of respondents based on age have an average age value of 25.03 years with a standard deviation of 4.704. The confidence interval value is 23.84-26.23. In this study, the minimum age of respondents was 17 years and the maximum age of respondents was 35 years.

Table 2. Characteristics of Respondents at Kuta Alam Community Health Center

Variable		Frequency (n)	Percentage (%)
Education-	elementary school	25	10 %
	- JUNIOR HIGH SCHOOL	25	10 %
	- SENIOR HIGH SCHOOL	90	36 %
	- BACHELOR	110	44%
Work -	IRT	150	27 60%
	- Self-employed	70	28%
	- Civil servants	30	12%

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Pregnancy Health History			
-	There isn't any problems/complaints	150	60%
-	There is a problem/Complaint	100	40%
Types of Health Services			
-	Midwife	60	24%
-	Integrated Healthcare Center	40	16%
-	Public health center	100	40%
-	Hospital	50	20%
KIA Book Completeness			
-	There is	200	80%
-	There isn't any	50	20%
	TOTAL	250	100%

Based on table 2 the results showed that 44% or the majority of respondents were undergraduate graduates. For job characteristics, it shows that almost 60% of respondents do not work or are housewives and respondents with jobs. Furthermore, the characteristics of health history during pregnancy were divided into two, namely respondents who did not have health problems with the largest percentage, namely 60% and respondents who had health problems only 40%, while the health problems experienced by respondents were nausea, vomiting and hypertension. For the characteristics of the type of health service used by respondents, the majority of respondents chose to have their pregnancy checked at the health center with a percentage of almost 40%, and for the type of hospital service they got the smallest percentage, namely almost 10%. For KIA books, the results showed that the majority of respondents had KIA books with a percentage of 80%.

Univariate Analysis Results

Table 3. Frequency Distribution of Roles of Health Workers and Family Support

No	Variable	Frequency (n)	Percentage (%)
The Role of Power Health			
1	Good	190	76%
	Not good	60	24%
Family support			
2	Good	175	70%
	Not good	75	30 %
ANC visit			
3	Complete	160	64%
	Incomplete	90	36%

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The frequency distribution of the role of health workers shows that the percentage of health worker roles that fall into the not good category is close to 24%, for family support most of them fall into the good category with a percentage approaching 70%. And for Antenatal Care visits which must be carried out at least four times, the majority of respondents did not complete the visit with a percentage of 36%.

Bivariate Analysis Results

Table 4. Relationship between the role of health workers and maternal visits Antenatal care at the Kuta Alam Health Center

The Role of Power Health	Frequency of ANC visits		Total	OR	p
	Complete	No Complete			
Good	100	60	160		
Not good	55	35	90	5,067	0.004
TOTAL	155	95	250		

Based on the results of table 4. it shows that 160 respondents who had the role of good health workers carried out complete Antenatal Care visits. Meanwhile, 90 respondents who had a poor role as a health worker did not complete the frequency of Antenatal Care visits. Based on the results of the Chi-square test between the roles of health worker with Antenatal Care visits obtained χ^2 -value $0.006 < \alpha . 0.05$ so it can be concluded that H_a accepts that there is a significant relationship between the role of health workers and Antenatal Care visits with an OR value of 5.067, which means that mothers who get the role of good health workers have the potential to complete Antenatal Care visits 5.067 times compared to mothers who get the role of health workers. not good.

Table 5. Relationship of Trust in increasing pregnant women's interest in Antenatal Care visits at the Kuta Alam Health Center

Trust	Frequency of ANC visits		Total	OR	p
	Complete	Incomplete			
Good	50	95	145		
Not good	51	54	105	4,001	0.002
TOTAL	101	149	250		

The results from Table 5 show that 50 respondents who had good confidence each made a complete visit, as did the other 95 respondents who did not make a complete visit. Meanwhile, only 51 respondents who received unfavorable trust had complete Antenatal Care visits. The results of this research use the Fisher alternative because one of the cells is less than the value 5 and a value is obtained χ^2 -value $0.02 > \alpha 0.05$ so it can be concluded that H_0 is accepted that there is a relationship between trust and Antenatal Care visits with an OR value of 4.001, which means that mothers with good trust have the potential to complete Antenatal Care visits.

Relationship between the role of health workers in increasing pregnant women's interest in visits *Antenatal Care* at the Kuta Alam Health Center

The results of the study showed that there was a significant relationship between health workers and maternal Antenatal Care visits as evidenced by the chi-square statistical test, which obtained a value of $p=0.004$. Mothers who received a good health worker role had the potential to complete Antenatal Care visits 2,413 times compared to mothers who received a bad health worker role.

The results of this research are in line with previous research conducted by Fitriyani in 2015 to determine the causes of the low completeness of Antenatal care visits, obtaining a result of $p=0.003$, meaning that there is a relationship between the role of health workers and the low completeness of Antenatal Care visits, the good role of the staff given to pregnant women will help mothers to make better use of existing services (Fitriyani, 2015). And also the results of research conducted by Rauf (2013) with the aim of finding out the relationship between officers' attitudes and the use of ANC services, obtained a value of $p=0.001$, meaning that there was a significant relationship between officers' attitudes towards Antenatal Care visits.

Another study also conducted by Khrisna (2014) using focus group discussions with mothers-in-law and health service providers concluded that there was a relationship between health services and lack of benefits. mothers receiving health services, Khrisna explained that insufficient intervention from health workers makes mothers not motivated to carry out health checks, so it is important to carry out additional health training for health workers to improve the performance of their services, in this case providing information for pregnant women to carry out examinations during pregnancy.

In contrast to the results of research conducted by Erlina (2013) to determine the factors related to visits by pregnant women, for the role of health workers, the chi-square test results were $p=0.936$, meaning there was no significant relationship between the role of health workers and Antenatal Care visits. In this study, there were other factors such as the attitude of pregnant women which was tested using the Spearman test, with a value of $p = 0.001$, meaning there was a significant relationship between the attitude of pregnant women and Antenatal Care visits.

CONCLUSIONS

There is a significant relationship between the role of health workers in increasing pregnant women's interest in Antenatal Care Visits at the Kuta Alam Community Health Center with a P value = 0.004. There is no relationship between family support in increasing pregnant women's interest in Antenatal Care Visits at the Kuta Alam Community Health Center with a P value = 0.264. There is a significant relationship between Trust in increasing pregnant women's interest in Antenatal Visits with a P value = 0.002. There is a significant relationship between Health facilities in increasing pregnant women's interest in Antenatal Visits with p value = 0.001. The most influential variable using logistic regression analysis produces variables that have an influence in increasing pregnant women's interest in ANC

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visits at the Community Health Center Kuta Alam, namely the Health Facilities variable with a p value of 0.001, OR = 9.333 (95% CI = 3.085) meaning respondents yan_{2g7} stated that health facilities had a chance of 9.333 times compared to respondents who stated that health workers were provided with a B coefficient value of 2.413.

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