Jurnal Eduhealth
Volume 16, Number 02 2025 DOI 10.54209/eduhealth.v16i02
ESSN 2808-4608 (Online)
https://ejournal.seaninstitute.or.id/index.php/healt

Factors of Knowledge, Attitude, Distance of Residence, Family Support, Role of Health Workers Which Influence Pregnant Women's K4 Visits at the Kelapa Lima Community Health Center, Merauke Regency

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Article Info
Keywords:
Knowledge,
Attitude and Support of K4
Pregnant Women.

ABSTRACT
This study aims to obtain an overview of knowledge, attitudes, distance of residence, family support, the role of health workers, which affect K4 of pregnant women at the Kelapa Lima Health Center. As is known, according to the World Health Organization (WHO), it sets standards for conducting Antenatal Care (ANC) at least 4 times during pregnancy from the results of achieving the K1 and K4 service visit indicators. K1 is the first visit of a pregnant woman to a health service facility to obtain Antenatal Care (ANC) services carried out in the first trimester of pregnancy (before the 14th week) while K4 is a visit of a pregnant woman to obtain Antenatal Care (ANC) services at least 4 times in the first trimester, second trimester (15-28 weeks) and 2 times in the third trimester (28-36 weeks) 4 and receive 90 Fe tablets during her pregnancy period in one work area within a certain period. This study will show why pregnant women do not make K4 visits regularly or completely. Data obtained from 2024 data, which is data on pregnant women who do not make K4 visits so that we can find out the problems that cause pregnant women not to regularly visit the health center for their K4 visits. Is it because of the influence of knowledge, attitude, distance of residence, family support, the most dominant role of health workers. The method used for data analysis is descriptive which shows the factors that influence pregnant women in the scope of K4 in Antenatal Care in the Kelapa Lima Health Center work area.

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INTRODUCTION

ANC is a health service carried out by midwives in pregnancy check-ups for pregnant women and is carried out according to ANC service standards, which is a minimum of four times during pregnancy. Incomplete pregnancy check-ups can result in risks and complications of pregnancy not being detected early and can cause maternal and infant death. The main factor causing maternal death each year is bleeding. This can be prevented by complete and routine pregnancy check-ups.[1]

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The World Health Organization (WHO) estimates that maternal deaths due to pregnancy and childbirth occur around 830 deaths every day and 99% occur in developing countries. The Maternal Mortality Rate (MMR) in the world is around 303 per 100,000 live births and the Infant Mortality Rate (IMR) in the world is 41 per 100,000 live births (WHO, 2019). The results of the SP2020 Long Form show that the Maternal Mortality Rate in Indonesia is 189, which means that there are 189 deaths of women during pregnancy, childbirth or the postpartum period per 100,000 live births. The high MMR in Indonesia is mainly due to the "Three late" and "Four too late" factors. "Three too late" includes late referral, late to the hospital, late getting help at the hospital while "Four too late" includes too young, too old, too often and too close a distance between children. The causes of AKI in Indonesia vary, including: postpartum bleeding, postpartum infection, pregnancy complications such as preeclampsia and eclampsia, labor complications such as prolonged labor and dystocia, congenital abnormalities in babies, and infectious diseases such as HIV/AIDS and malaria. This can be overcome if pregnant women make regular K4 visits. Because with K4 visits, health workers can detect problems in the delivery of pregnant women.[2]

Based on data from the Indonesian Ministry of Health (2020), it is known that the coverage of antenatal care services for pregnant women with K4 visits has decreased at the national level, where in 2020 it was 79.36% compared to 2019 which was 80%. The maternal morbidity rate reported to the South Sumatra Provincial Health Office based on the 2019 Health Profile data was 3.81%, of which were caused by diarrhea (16%), pneumonia (25%), asphyxia (24%), LBW (37%), and K1 coverage of 90.91% and K4 coverage of 87.59%.[3]

K4 visits to pregnant women are influenced by several factors, including age, education level, employment status, maternal parity, maternal knowledge, maternal attitude, distance access, family income, information media facilities, husband's support, family support and support from health workers. K4 visits are very important for pregnant women because K4 visits greatly affect fetal growth. Where at the K4 visit, upper arm circumference measurements are carried out which function to determine the nutritional status of pregnant women. If the upper arm circumference of a pregnant woman is less than 23.5 cm, then the pregnant woman is included in the category of malnutrition so that the mother's immune system becomes weak and easily sick and this condition is not good for the growth of the fetus. Then K4 visits are carried out every 3rd trimester > 24 weeks, and at that time it is necessary to carry out early identification of high-risk pregnancies to find out if there are complications, complications and accompanying diseases, preparation and plans for childbirth and preparation for referral. Irregular antenatal care visits can result in late early detection of pregnancy danger signs such as: anemia, preeclampsia/eclampsia, gameli, abnormal position and infectious diseases (HIV/AIDS). If early detection is late, referrals will also be late, so that the mother and fetus cannot be treated optimally and can cause disabilities or even death to the fetus or mother.[4]

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Causing the risk of maternal death. According to the theory put forward by Lawrence Green, there are three factors that influence behavior, namely predisposing factors or trigger factors (Predisposing Factor), supporting factors (Enabling Factor) and driving factors (Reinforcing Factor). Trigger factors include age, gender, knowledge, attitude, belief, education, occupation, tradition and values. Supporting factors include the availability of resources, accessibility of health services (distance), knowledge and skills of health workers, community and government commitment, availability of medicines, sources of information, while driving factors include support from family, teachers, health workers and community leaders.[5]

Data obtained from the profile of the Papua Provincial Health Office shows that in 2019 it reached 30%, in 2020 it reached 40%, in 2021 it reached 50%, in 2022 it reached 60% to 2023 at 70%, but then decreased in 2024 the K4 visit rate reached 50% with the standard that must be achieved is 80% according to the 2024 strategic plan.[6]

With the presence of Indicatorssome of them are age, education level, employment status, maternal parity, maternal knowledge, maternal attitude, distance access, family income, information media facilities, husband's support, family support and support from K4 coverage officers. This can be seen from the complete coverage of antenatal services, which describes the level of protection of pregnant women in an area and describes the management ability or sustainability of the KIA program. The low coverage of K1 and K4 causes the risk factors of pregnant women not to be detected early so that it is too late in handling which can result in maternal death.[7]

it is known that the number of K4 visits to the Kelapa Lima Health Center in 2021 The number of visits by pregnant women K4 was 167 (57.6%), in 2022 there were 104 (35.9%) and in 2023 there were 41 (14%) visits by pregnant women K4. This decrease in coverage occurred due to factors such as Knowledge, Attitude, Distance of Residence, Family Support and also the Role of Health Workers.

The low coverage of utilization of K4 Visits for Pregnant Women at the Kelapa Lima Health Center, Merauke Regency has the risk of impacting the health of mothers and babies, including: (1) undetected health risks in pregnant women early in pregnancy so that treatment is late which can result in maternal death (Setiyorini et al., 2021), (2) Mothers will not be aware of pregnancy complications. Pregnant women who have never had an ANC examination or rarely have ANC, can be at risk for the baby they are carrying, due to pregnancy complications, the baby born can be born prematurely or born with low birth weight (LBW) which results in stunting which has an impact on their growth and development.

Kelapa Lima Health Center is located on the outskirts of Merauke City, precisely between the colorful housing complexes with varying levels of education, but it turns out that the scope of utilization of K4 Pregnant Women's Visits at the Kelapa Lima Health Center in Merauke Regency is still low and has a risk of impacting maternal and infant health, namely the undetected health risks in pregnant women early in pregnancy so that they are late in handling which can result in maternal death. The mother will not be aware of pregnancy complications. Pregnant women who have never had an ANC examination or rarely have

ANC, can be at risk for the baby they are carrying due to pregnancy complications, the baby who is born can be born prematurely or born with low birth weight (LBW) which results in stunting which has an impact on growth and development.

Based on the results of the study, it is known that out of 10 pregnant women at the Kelapa Lima Health Center, Merauke Regency, 3 people made complete K4 visits while 7 others did not make complete visits during pregnancy because they did not make visits regularly. This is because, among other things, the availability of access to ANC is very related. This means that when access to ANC is easy to reach, a pregnant woman will also behave well to do ANC, thereby increasing ANC coverage. So it is concluded that the availability of access determines the behavior of a pregnant woman in doing ANC.

In terms of knowledge, it is known that 8 mothers have poor knowledge regarding the obligation of K4 examination during pregnancy due to low education factors, some even have no education. Based on the aspect of the mother's attitude who is lazy to know about the condition of pregnancy and also the lack of support from the family to support pregnant women to carry out ANC examinations.

The purpose of this study was to analyze the Influence of Knowledge, Attitude, Distance of Residence, Family Support, and the Role of Health Workers on Pregnant Women's K4 Visits at the Kelapa Lima Health Center, Merauke Regency in 2024. This study is expected to provide a complete study regarding the completeness of pregnant women's K4 visits at the Health Center.

This study was conducted because the residents around the Kelapa Lima Health Center work area believe that pregnant women do not prioritize routine K4 check-ups because their lifestyle is still traditional, and they still depend on nature and herbal medicines (herbal) so that these pregnant women do not consider K4 visits important, resulting in many pregnant women who experience LBW, complications during childbirth and dangerous diseases that threaten the mother's life. With K4 visits, midwives can provide ANC examination services, the purpose of ANC visits for pregnant women is to reduce maternal mortality rates, cases of LBW and stunting in the Kelapa Lima Health Center work area, Mandatory examinations for pregnant women during Trimester I, II, III and IV which are handled by midwives and trained personnel can thus improve the health of pregnant women because the officers will provide 14T services, supplements, medicines and information needed by pregnant women in facing childbirth, Health promotion for pregnant women is also important in increasing mothers' understanding of the importance of K4. The study is a quantitative study with a Cross Sectional approach.

The results of the study are also expected to provide input for managers of maternal and child health services in improving the quality of services and improving the health promotion system, so that K4 coverage can be achieved according to national targets, encouraging mothers to realize the importance of pregnancy checks according to standards to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) and become a reference for subsequent research on things that need to be considered regarding factors that influence K4 coverage for pregnant women.

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State of the art

This state of the art is taken from several previous studies as a guide for the author for the research to be carried out, so that it can be a reference and comparison in carrying out this research and is presented as follows:

1. Febriyeni, Thalia Putri Damayanti explained that out of 73 respondents who had close access to health services, there were 38 respondents (50%) with incomplete K4 visits. While 3 respondents who had far access to health services, some respondents, namely 2 people, had incomplete K4 visits (3.9%). The results of the statistical test with chi square obtained a p value = 1,000 (> 0.05) which means there is no relationship between access to health services and K4 visits of pregnant women.[8]
2. The results of the study showed that the knowledge of pregnant women was the majority of 25 people (69.4%) and less knowledge. Good knowledge will affect a person's behavior (Notoatmodjo 2010). This is in accordance with Green's theory (1980) in Notoatmodjo (2012) which states that to behave healthily, for example health checks for pregnant women, knowledge and awareness of the mother are needed about the benefits of pregnancy checks for both the mother's own health and her fetus. On the other hand, pregnant women who do not have knowledge or have less knowledge.[9]
3. Yuliana Eka, In this study, the results showed that 42 pregnant women (38.9%) received good family support and 66 pregnant women (61.1%) received poor support, which means that family support is still low, namely <0.05 so that Ha can be accepted. In the analysis of this study, it can be concluded that family support for pregnant women related to the use of ANC 10T has a significant relationship with the use and fulfillment of ANC 10T standards in the Pinang Jaya Health Center work area.[10]

RESEARCH METHODS

This type of research is quantitative research with a Cross-sectional Study research design to see the factors that influence the K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency in October - December 2024 with the research population being all pregnant women who did not complete the K4 visit and the research sample was all pregnant women who did not make a K4 visit at the Kelapa Lima Health Center, Merauke Regency, totaling 41 people with inclusion criteria: willing to be respondents, why did not they make a visit in Trimester I, II and Trimester III, permanently residing in the Kelapa Lima Health Center work area. Exclusion Criteria: Not physically and mentally healthy and do not have a KMS book.

The independent variables of this study, symbolized by X, consist of: knowledge, attitude, distance of residence, family support and the role of health workers. While the dependent variable in this study, symbolized by Y, is the K4 visit of pregnant women. Data collection was carried out using questionnaires and interviews and data processing using a computer through the Microsoft Excel program and IBM SPSS (Service Package for Social Science) using the chi-square test.

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Population and Sample

The population in the study was all pregnant women who made K4 visits in October-December 2024. The data taken were visit data in October-December 2024. The research sample was the total sample, namely all pregnant women who made visits to the Kelapa Lima Health Center, Merauke Regency in October-December 2024, totaling 41 people. With inclusion criteria:

1. Willing to be a respondent
2. All pregnant women
3. Conducting a K4 visit
4. Permanently residing in the Kelapa Lima Health Center work area

Exclusion Criteria:

1. Not physically and mentally healthy
2. Do not have a KMS book.

Research Instruments

The instrument used in this study was a questionnaire to obtain data on sample characteristics and respondent knowledge about K4 coverage visits in Antenatal Care.

Data Processing and Presentation Techniques

Data obtained from observation and measurement results were processed using the SPSS (Service Package for Social Science) program using the chi-square test.

Data analysis

Data analysis was conducted descriptively which showed factors that influenced pregnant women in the scope of K4 in Antenatal Care in the Kelapa Lima Health Center work area. The data analysis used was descriptive analysis, namely making interpretations and descriptions of the data obtained.

RESULTS

Univariate Analysis

Table 1. Frequency Distribution of Respondents Based on Age, Education, and Parity

Respondent Characteristics	Frequency (f)	Percentage (%)
Age Group		
≤ 20 years	6	9.5
21 – 30 years	33	52.4
≥ 31 years	24	38.1
Total	63	100%
Last education		
SD	11	17.5
JUNIOR HIGH SCHOOL	12	19.0
SENIOR HIGH SCHOOL	29	46.0
Bachelor	7	11.1
No school	4	6.3
Total	63	100%

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Respondent Characteristics	Frequency (f)	Percentage (%)
Parity		
Primipara	18	28.6
Multipara	42	66.7
Grand multipara	3	4.8
Total	63	100%

Based on the results of the table above, the number of respondents with an age group of ≤ 20 years was 6 people (9.5%), respondents with an age group of 21-30 years were 33 people (52.4%) and respondents with an age group of ≥ 31 years were 24 people (38.1%). Respondents with the last education of elementary school were 11 people (17.5%), respondents with the last education of junior high school were 12 people (19.0%), respondents with the last education of high school were 29 people (46.0%), respondents with the last education of Bachelor's degree were 7 people (11.1%) and respondents who did not go to school were 4 people (6.3%). Respondents with parity category primipara were 18 people (28.6%), category multipara 42 people (66.7%) and category grand multipara 3 people (4.8%).

Table 2. Frequency Distribution of Respondents Based on K4 Visits, Knowledge Category,Attitude, Distance of Residence, Family Support, and the Role of Health Workers

Variables	Frequency (f)	Percentage (%)
K4 Visit		
Achieved	21	33.3%
Not achieved	42	66.7%
Total	63	100%
Knowledge		
Good	34	54 %
Not good	29	46 %
Total	63	100%
Attitude		
Positive	36	57.1%
Negative	27	42.9%
Total	63	100%
Distance of Residence		
Near	49	77.8%
Far	14	22.2%
Total	63	100%
Husband/Family Support		
Good	34	54 %
Not good	29	46 %
Total	63	100%
The Role of Health Workers		
Good	34	54 %

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Variables	Frequency (f)	Percentage (%)
Not good	29	46 %
Total	63	100%

Based on the results of univariate analysis, it shows that respondents with K4 visits achieved were 21 people (33.3%) and K4 visits were not achieved were 42 people (66.7%). Respondents with good knowledge category were 34 people (54%) and respondents with poor knowledge category were 29 people (46%). Respondents with positive attitude category were 36 people (57.1%) and respondents with negative attitude category were 27 people (42.9%). Respondents with close residence distance were 49 people (77.8%) and respondents with far residence distance were 14 people (22.2%). Respondents with husband/family support in good category were 34 people (54%) and respondents with husband/family support in poor category were 29 people (46%). Respondents with health worker support in good category were 34 people (54%) and respondents with health worker support in poor category were 29 people (46%)

Bivariate Analysis

Bivariate analysisused to analyze the relationship betweenindependent variable (knowledge, attitude, distance of residence, husband/family support and percentage of health workers) with the dependent variable (K4 visits).

Table 3. Results of Bivariate Analysis Between Knowledge, Attitude, Distance of Residence, Husband/Family Support and Health Worker Support for K4 Visits

Variables	K4 Visit				Amount		*p value*
	Achieved		Not achieved				
	N	%	N	%	N	%	
Knowledge							
Good	16	47.1%	18	52.9%	34	100%	
Not good	5	17.2%	24	82.8%	29	100%	0.025
Total	21	33.3%	42	66.7%	63	100%	
Attitude							
Positive	13	36.1%	23	63.9%	36	100%	
Negative	8	29.6%	19	70.4%	27	100%	0.787
Total	21	33.3%	42	66.7%	63	100%	
Distance of Residence							
Near	17	34.7%	32	65.3%	49	100%	
Far	4	28.6%	10	71.4%	14	100%	0.668
Total	21	33.3%	42	66.7%	63	100%	
Husband/Family Support							
Good	16	47.1%	18	52.9%	34	100%	
Not good	5	17.2%	24	82.8%	29	100%	0.025
Total	21	33.3%	42	66.7%	63	100%	
The Role of Health Workers							
Good	16	47.1%	18	52.9%	34	100%	0.012

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Variables	K4 Visit				Amount		*p value*
	Achieved		Not achieved				
	N	%	N	%	N	%	
Not good	5	17.2%	24	82.8%	29	100%	
Total	21	33.3%	42	66.7%	63	100%	

The results of statistical tests using the chi square test showed that the knowledge variable had a p value of 0.025 (p <0.05), which means that Ho was rejected and Ha was accepted. This indicates that there is a relationship between maternal knowledge and K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency.

The attitude variable shows a p value = 0.787 (p> 0.05) which means Ho is accepted and Ha is rejected so that there is no relationship between attitudes and K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency. The distance of residence variable has a p value = 0.668 (p> 0.05) which means Ho is accepted and Ha is rejected so that there is no relationship between the distance of residence and K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency. The husband/family support variable has a p value = 0.025 which means Ho is rejected and Ha is accepted. This shows that there is a relationship between husband/family support and K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency. The role of health workers variable has a p value = 0.012 which means Ho is rejected and Ha is accepted. This shows that there is a relationship between health worker support and K4 visits of pregnant women at the Kelapa Lima Health Center, Merauke Regency.

Multivariate Test

Multivariate analysis was conducted to see the influence of each independent variable and together on the dependent variable, and to find out which of the independent variables has the most influence by using multiple logistic regression analysis test at a significance level of p value <0.05. Multivariate analysis was conducted with the enter method stage.

Bivariate Selection

Independent variables, namely knowledge, attitude, distance of residence, husband/family support, and the role of health workers were subjected to bivariate selection analysis with the dependent variable being the K4 visit of pregnant women. If the bivariate results produce a p value <0.25, then the variable will enter the multivariate stage.

Table 4. Test Analysis ResultsSimple Logistic Regression of Independent Variables Against Dependent Variables

No	Variables	*p value*
1	Knowledge	0.011
2	Attitude	0.588
3	Distance of Residence	0.665
4	Husband/Family Support	0.011
5	The Role of Health Workers	0.011

Based on the table above, it shows that the knowledge variable has a p value of 0.011. Attitude has a p value of 0.588. Distance of residence has a p value of 0.665. Husband/family

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support has a p value of 0.011 and the role of health workers has a p value of 0.011. Of the five variables that have a value*p value*< 0.25, namely knowledge, husband/family support and the role of health workers, thus only these three independent variables will enter the multivariate analysis model.

Early Stage Model

Table 5. Results of Early Stage Multivariate Modeling of Independent Variables of Research on Pregnant Women's K4 Visits

No	Variables	*p value*	OR	95% CI	
				Lower	Upper
1	Knowledge	0.016	0.234	0.072	0.759
2	Husband/Family Support	0.016	0.234	0.072	0.759
3	The Role of Health Workers	0.016	0.234	0.072	0.759

The results of the analysis in the table show that all variables produce a p value <0.05 so that no variables are removed from the multivariate modeling to see the change in the odds ratio (OR) value before and after being removed from the model. Based on these results, the initial model is the same as the final model.

Final Stage Model

Table 6. Results of the Final Stage Multivariate Modeling of Independent Variables of Research on Pregnant Women's K4 Visits

No	Variables	B	Nails R Square	*p value*	OR	95% CI	
						Lower	Upper
1	Knowledge	1,451	0.137	0.016	0.234	0.072	0.759
2	Husband/Family Support	1,451		0.016	0.234	0.072	0.759
3	The Role of Health Workers	1,451		0.016	0.234	0.072	0.759

Based on the final multivariate modeling results in the table with hypothesis testing using multiple logistic regression, a p value of 0.016 was obtained (p value <0.05), so it can be concluded that there is an influence between knowledge, husband/family support and the role of health workers with K4 visits of pregnant women. In addition, an Odds Ratio (OR) value of 0.234 was obtained, meaning that respondents with good knowledge, husband/family support and the role of health workers have a 0.234 times chance of making a K4 visit compared to respondents who have poor knowledge, husband/family support and the role of health workers. In the results of this multivariate analysis, the influence of knowledge, husband/family support and the role of health workers on K4 visits of pregnant women is 13.7%.

Discussion

K4 visits are included in the health service program for the evaluation of the health of pregnant women. From the multivariate results, it can be seen that. The influence of knowledge on K4 visits of pregnant women did not have a significant relationship, because it turned out that the higher the value of knowledge, the better the K4 visits of pregnant women to the health center, this can be seen Knowledge is the result of "knowing" and it happens

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after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Knowledge is included in the cognitive domain, where knowledge is a component other than attitudes and actions to change a person's behavior. (Notoatmodjo, 2003). This is in line with Research From Risza Choirunissa, Noviliani Dwi Syahputri (2018) Quantitative research with a cross-sectional design. stated that there is a relationship between maternal knowledge (P=0.001) and husband/family support (P=0.034), with K4 Examination in pregnant women, while maternal age (p=0.704), maternal occupation (p=0.194), maternal education (p=0.536), parity (p=0.540) and distance from home to health services (p=0.946) are not related to K4 examination in pregnant women at the Bakung Provincial Health Center. Therefore, the mother's knowledge can improve K4 visits and reduce infant and maternal mortality rates.

The relationship between attitudes towards K4 visits by pregnant women after being seen has a low value, so it can be concluded that attitudes do not have much influence on K4 visits by pregnant women. Attitude is a reaction or response that is still closed from a person to a stimulation or object. Attitude clearly shows the connotation of the suitability of the reaction to a particular stimulus which in everyday life is an emotional reaction to social stimulus (Notoadmodjo, 2003. This is in line with research from Dian Permata sari (2009) The results of the study showed that most respondents (58.8%) had a negative attitude in conducting K4 visits in Kalimo'ok Village, Kalianget District. Further research showed that of the 20 pregnant women respondents who had a negative attitude in conducting K4 visits, almost all respondents, 15 of whom had elementary school education. According to Azwar (2007), education also affects the attitudes of pregnant women, where the higher the level of education of pregnant women, the more positive the attitude of the pregnant women. In this study, pregnant women who had junior high school, high school, and college education almost all had a positive attitude in conducting K4 visits. This shows that the level of education of pregnant women greatly influences the attitude of pregnant women to act positively. Attitude is a reaction or recipe. So it can be categorized that negative maternal attitudes do not affect K4 visits.

The relationship between distance from residence and K4 visits of pregnant women when viewed from the results of the existing data is not related, just like the results of the study from Distance is the gap between two objects or places, namely the distance between the house and the ANC service location. Community accessibility including distance to health facilities will affect the choice of health services. Distance is also the second component that allows someone to use someone to take advantage of medical services (Padila, 2014). The results of the study showed that there was an effect of the distance from home to health services on K4 visits at the Tumbang Miri Health Center. Respondents who had a far distance from their home to health services were more irregular in making pregnancy visits, namely 18 people (60%) while only 6 people (20%) were regular. In respondents whose home was close to health services, most of them made regular pregnancy visits, namely 5 people (16.7%) while only 1 person (3.3%) was irregular (Irnayantu 2023), distance may not have enough

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influence because it is not so difficult to get to the Kelapa Lima Health Center from the public transportation, so the distance is not so related.

The relationship between husband/family support and K4 visits at the Kelapa Lima Health Center turned out to have a significant relationship because support makes pregnant women diligent in making K4 visits. Husband support is divided into several parts including emotional support, psychological support, appreciation support, instrumental support and information support from the family for pregnant women to make antenatal care check-ups. Positive support from the husband/closest partner has an effect on encouraging mothers to maintain their pregnancy so that it motivates mothers to comply with ANC (Sahasika & Puspitasari, 2023). The results of the study showed that there was an influence of husband support on K4 visits at the Tumbang Miri Health Center. Respondents who did not receive support from their husbands were more irregular in making pregnancy visits, namely 17 people (56.7%), while those who were regular were only 5 people (16.7%). Of the respondents who received support from their husbands, most of them made regular pregnancy visits, namely 6 people (20%), while those who were irregular were only 2 people (6.7%). (Irnayanti 2023), so it can be ensured that the husband's willingness to accompany, take and accompany the mother in carrying out the K4 examination will make pregnant women routinely carry out the examination.

The relationship between the role of health workers and K4 visits at the Kelapa Lima Health Center turned out to have a significant relationship when viewed from the results, Antenatal Care Services are health services provided periodically by professional health workers to improve the health of pregnant women and their fetuses. The importance of pregnant women's knowledge about Antenatal Care so that they can make regular pregnancy visits at least 6 times during pregnancy (Ministry of Health of the Republic of Indonesia, 2020). The Chi Square test showsρ-value of 0.000 which meansρ-value < 0.05 so it can be concluded that there is a significant relationship between knowledge and coverage of ANC visits in pregnant women. The OR (Odd Ratio) value of 5.682 means that pregnant women who do not get enough support from health workers have a 5.682 times chance of not completing ANC visits compared to pregnant women who get good support from health workers. Therefore, good support and services can increase the number of K4 visits for pregnant women.

CONCLUSION

From the results of data processing, it was concluded that with good maternal knowledge, it will have an impact on K4 visits that are in accordance with expectations, namely conducting K4 visits during trimesters I, II, III, and IV. Here it can be seen that there is indeed a relationship between knowledge and K4 visits, while between attitudes and visits there is no relationship, so it can be concluded that the low attitude of pregnant women does not have a significant impact on K4 visits because from the data obtained, the low attitude of mothers but still fulfills K4 visits, while it turns out that husband/family support has a significant impact on K4 visits because mothers who do not have or have low husband support have a negative impact on

the quality of K4 visits for pregnant women. The most impactful is also the support of health workers. It turns out that the support of health workers has a relationship with the quality of K4 visits because counseling and health promotion can increase K4 visits.

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